Western Virginia Water Authority Water Pollution Control Plant; VA0025020

Form Approved 1/14/99

DEQ-WCRO

OMB Number 2040-0086

FORM 2A

NPDES

NPDES FORM 2A APPLICATION OVERVIEW

APPLICATION OVERVIEW

Form:2A has been developed in a modular format and consists of a Basic Application Information packet and a "Supplemental Application Information" packet a The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0:14 mgd must also complete Part B. Some appicants must also complete the Supplemental Application 4

Information packet: -The following items explain which parts of Eorm 2A vou must complete **BASIC APPLICATION INFORMATION:**

- Basic Application Information for all Applicants. All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- В. Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd. All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B-1-through B-6
- C. Certification. All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

- Expanded Effluent Testing Data. A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
 - 1. Has a design flow rate greater than or equal to 1 mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to provide the information.
- E. Toxicity Testing Data. A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
 - 1. Has a design flow rate greater than or equal to 1 mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. Industrial Discharges and RCRA/CERCLA Wastes. A treatment works that accepts process wastwater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
 - 1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
 - 2. Any other industrial user that:
 - a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions): or
 - b. Contributes a process wastewater that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
 - c. Is designed as an SIU by the control authority.
- G. Combined Sewer Systems. A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PARTIC (CERTIFICATION)

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Western Virginia Water Authority Water Pollution Control Plant; VA0025020

OMB Number 2040-0086

		TIONINEORMATIONIEORALL plete questions A.1 (hrough A.8 of th		loelejke).
	Facilty Information.			
	Facilty Name	Western Virginia Water Author	ity Water Pollution Control Pla	nt
	Mailing Address	1502 Brownlee Avenue, S.E.		
		Roanoke, VA 24014		
	Contact Person	Scott Shirley		MECEIVED
	Title	Director of Wastewater Operati	ions	To the State of Comments of of Comme
	Telephone Number	(540) 853-1283		AUG 2 2 2008
	Facilty Address	Same as mailing address		
	(not P.O. Box)		777	DECLIMODO
	Applicant Information.	If the applicant is different from the	above, provide the following:	The state of the s
	Applicant Name		aboro, provide the fellowing.	
	Mailing Address			
	Contact Person		·	
	Title.			
	Telephone number			
	I- IIPI II		-1	
		r or operator (or both) of the treatme	ent works?	
-	X owner	X operator		
	·	ondence regarding this permit should	d be directed to the facility or the	applicant.
-	X facility	applicant	-	
		Permits. Provide the permit number orks (include state-issued permits).	er of any existing environmental	permits that have been
	NPDES <u>VA0025020</u>		PSD	
	UIC RCRA		Other Other	
	TOTAL .			
		ation. Provide information on municipalit		
1	entity and, if known, provide	information on the type of collection syst	tem (combined vs. separate) and its	ownership (municipal, private, etc.).
	Name	Population Served	Type of Collection System	Ownership
_	City of Roanoke	92,600	Separate	Municipal
-	Roanoke County City of Salem		Separate Separate	<u>Municipal</u> Municipal
-	Botetourt County	32,005	Separate	Municipal
	Town of Vinton	7,905	Separate	Municipal
		ation served 248,163		

Na.		Y NAME AND PERMIT NUMBER:			Form Approved 1/1	14/99	
165	stern	Virginia Water Authority Water Pollut	on Control Plant; VA0025020	P	OMB Number 2040	0-0086	
			-		E I Prome Court former in the former		1
١.5.	Indi	ian Country			And the set I string upon the state of the second of materials and the second of the s		
	a.	Is the treatment works located in Indian	n Country?		AUG 2 2 2003)	
		Yes	X No		1100 Z Z Louis	,	
	b.	Does the treatment works discharge to	a receiving water that is either in	n Indian Country or that is ups			rougl
		Indian Country?			DEQ-WCRO)	
		Yes	X No				•
. .6	daily	w. Indicate the design flow rate of the tre y flow rate and maximum daily flow rate f n month of "this year" ocurring no more the	or each of the last three years E	ach year's data must be base			
	a.	Design flow rate 55 n	ngd				
			Two Years Ago (4/05-3/06)	Last Year (4/06-3/07)	This Year (4/07-3/0	8)	
	b.	Annual average daily flow rate	37.44	37.78	31.58	_	mgd
	C.	Maximum daily flow rate	60.39	77.49	85.28	_	mgd
		x Separate sanitary sewer			100		%
		Combined storm and sanitary ser	MOL		0		%
	a.	Does the treatment works discharge eff If yes, list how many of each of the follo		ne treatment works uses:	XYes	1	No
	a.	If yes, list how many of each of the folio i. Discharges of treated effluent	wing types of discharge points th	ne treatment works uses:	XYes	1	No
	a.	If yes, list how many of each of the following. Discharges of treated effluent Discharges of untreated or partial	wing types of discharge points th	ne treatment works uses:	XYes	1	No
	a.	lf yes, list how many of each of the following. Discharges of treated effluent Discharges of untreated or partial iii. Combined sewer overflow points	wing types of discharge points th	ne treatment works uses:	XYes	1 1 0	No
	a.	If yes, list how many of each of the following. Discharges of treated effluent Discharges of untreated or partial Combined sewer overflow points Constructed emergency overflow	wing types of discharge points th	ne treatment works uses:	XYes	1 1 0	No
	a.	lf yes, list how many of each of the following. Discharges of treated effluent Discharges of untreated or partial iii. Combined sewer overflow points	wing types of discharge points th	ne treatment works uses:	XYes	1 1 0	No ——
	b.	If yes, list how many of each of the follow. i. Discharges of treated effluent. ii. Discharges of untreated or partial. iii. Combined sewer overflow points. iv. Constructed emergency overflow. v. Other Does the treatment works discharge eff.	wing types of discharge points the light treated effluent is (prior to the headworks)	urface		1 1 0 1 N/A	
		lf yes, list how many of each of the follow. i. Discharges of treated effluent ii. Discharges of untreated or partiatiii. Combined sewer overflow points iv. Constructed emergency overflow v. Other Does the treatment works discharge effitimpoundments that do not have outlets	wing types of discharge points the light treated effluent is (prior to the headworks) luent to basins, ponds, or other stor discharge to waters of the U.	urface	Yes	1 1 0 1 N/A	No
		If yes, list how many of each of the follow. i. Discharges of treated effluent. ii. Discharges of untreated or partial. iii. Combined sewer overflow points. iv. Constructed emergency overflow. v. Other Does the treatment works discharge eff.	wing types of discharge points the light treated effluent is (prior to the headworks) luent to basins, ponds, or other stor discharge to waters of the U.	urface		1 1 0 1 N/A	
		If yes, list how many of each of the following in the provided sever overflow points in the constructed emergency overflow v. Other Does the treatment works discharge effit impoundments that do not have outlets if yes, provide the following for each sur	wing types of discharge points the ly treated effluent is (prior to the headworks) luent to basins, ponds, or other sof the U.S. face impoundment:	urface		1 1 0 1 N/A	
		If yes, list how many of each of the following in the provided sever overflow points in the constructed emergency overflow v. Other Does the treatment works discharge effit impoundments that do not have outlets if yes, provide the following for each sur Location:	wing types of discharge points the last treated effluent is (prior to the headworks) Ituent to basins, ponds, or other state for discharge to waters of the U.State impoundment: In the last treated effluent impoundment is the last treated impoundment in the last treated effluent in the last treated effects in the last treated effects effects effects effect in the last treated effects effe	urface		1 0 1 N/A	
		If yes, list how many of each of the following in Discharges of treated effluent ii. Discharges of untreated or partial iii. Combined sewer overflow points iv. Constructed emergency overflow v. Other Does the treatment works discharge effit impoundments that do not have outlets if yes, provide the following for each sur Location: Annual average daily volume discharge	wing types of discharge points the last treated effluent is (prior to the headworks) It was to basins, ponds, or other state to basins, ponds, or other state impoundment: It does not be a surface impoundment to basins the U.S. the contract impoundment is the last treater to be a surface impoundment to basins the U.S. the contract impoundment is the contract impoundment in the contract impoundment is the contract impoundment in the contract impoundment in the contract impoundment in the contract in the c	urface		1 0 1 N/A	
		If yes, list how many of each of the following bischarges of treated effluent ii. Discharges of untreated or partial iii. Combined sewer overflow points iv. Constructed emergency overflow v. Other Does the treatment works discharge effitimpoundments that do not have outlets If yes, provide the following for each surflowed to the continuous of the	wing types of discharge points the last treated effluent is (prior to the headworks) Juent to basins, ponds, or other strong to waters of the U.Strace impoundment: d to surface impoundment(s) intermittent?	urface		1 1 0 1 N/A X 1 mgd	
	b.	If yes, list how many of each of the following for each surface of the following for each surface or partial iii. Discharges of untreated or partial iii. Combined sewer overflow points iv. Constructed emergency overflow v. Other Does the treatment works discharge effit impoundments that do not have outlets if yes, provide the following for each surface is discharge continuous or Does the treatment works land-apply the if yes, provide the following for each land if yes, provide the following for each land in the following	wing types of discharge points the last treated effluent is (prior to the headworks) Juent to basins, ponds, or other strong to waters of the U.Strace impoundment: d to surface impoundment(s) intermittent?	urface	Yes	1 1 0 1 N/A X 1 mgd	No
	b.	If yes, list how many of each of the following in Discharges of treated effluent iii. Discharges of untreated or partial iii. Combined sewer overflow points iv. Constructed emergency overflow v. Other Does the treatment works discharge effit impoundments that do not have outlets if yes, provide the following for each sur Location: Annual average daily volume discharge is discharge continuous or Does the treatment works land-apply treatment if yes, provide the following for each land Location:	wing types of discharge points the last treated effluent is (prior to the headworks) Iduent to basins, ponds, or other strong discharge to waters of the U.Strace impoundment: Indicate the last treated wastewater? Indicated wastewater? Indicated wastewater? Indicated wastewater wastewater?	urface S.?	Yes	1 1 0 1 N/A X 1 mgd	No
	b.	If yes, list how many of each of the following in the provided	wing types of discharge points the last treated effluent is (prior to the headworks) Juent to basins, ponds, or other safer discharge to waters of the U.Stace impoundment: d to surface impoundment(s)intermittent? eated wastewater? d application site:	urface S.?	Yes	1 1 0 1 N/A X 1 mgd	No
	b.	If yes, list how many of each of the following in the provided sever overflow points iv. Constructed emergency overflow v. Other Does the treatment works discharge effimpoundments that do not have outlets if yes, provide the following for each surflowed in the provided in the provided sever overflow v. Other Does the treatment works discharge effimpoundments that do not have outlets if yes, provide the following for each surflowed in the provided in the provided several provided in the p	wing types of discharge points the last treated effluent is (prior to the headworks) Juent to basins, ponds, or other safor discharge to waters of the U.Stace impoundment: d to surface impoundment(s)intermittent? eated wastewater? d application site:	urface S.?	Yes	1 1 0 1 N/A X 1 mgd	No
	b.	If yes, list how many of each of the following in the provided	wing types of discharge points the last treated effluent is (prior to the headworks) Juent to basins, ponds, or other safor discharge to waters of the U.Strace impoundment: Indicate the last treated wastewater? Indicated wastewater? Indicated wastewater? Indicated wastewater: Indicated waste	urface S.? mgd mittent?	Yes	1 1 0 1 N/A X 1 mgd	No

LITY NAME AND PERMIT NUMBER:	Form Approved 1/14/99
ern Virginia Water Authority Water Pollution Control Plant; VA0025020	OMB Number 2040-008
If yes, describe the mean(s) by which the wastewater from the treatment works is works (e.g., tank truck, pipe).	discharged or transported to the other treatr
	fine the fact from the firm
If transport is by party other than the applicant, provide:	
Transporter Name	AUG 2 2 2008
Mailing Address	
	DEC 18/090
Contact Person	Free your Poll of B. A.
Title	
Telephone Number	
For each treatment works that receives this discharge, provide the following Name Mailing Address	ng:
Contact Person	
Contact Person Title	

Provide the average daily flow rate from the treatment works into the receiving facility.

A.8.a through A.8.d above (e.g., underground percolation, well injection)?

Description of method (including location and size of site(s) if applicable):

If yes, provide the following for each disposal method:

Annual daily volume disposed of by this method:

Is disposal through this method

Does the treatment works discharge or dispose of its wastewater in a manner not included in

continuous or

intermittent?

mgd

Yes

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Western Virginia Water Authority Water Pollution Control Plant; VA0025020

OMB Number 2040-0086

WASTEWATE	Dinice	LIA	DOE:	c
	T 41 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	mar.	T. 1	æ

If you answered "yes" to question A.8.a complete questions A.9 through A.12 once for each outfall (including bypass points) through which refluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a. go to Part B., Additional Application Information for Applicants with a Design Flow Greater than or Equal to (0.11 mgd).

		illonar Application				新疆 罗	MOTE AND INC.
) D	escription	n of Outfall.				T_{r}	I I have been homed William
a	. Outfa	all number	001			11	Atta
b.	. Locat	tion	Roanoke		24014		AUG 2 2 2008
			(City or town, if applica	able)	(Zip Code)	, L	The state of the s
			Roanoke (County)		Virginia (State)		DEQ-WORD
			37° 15' 50"		79° 54' 35	r i i	
			(Latitude)		(Longitude		
•	Dieta	nce from shore (if	f applicable)	NA	ft.		
C.		•					
d.		h below surface (if		NA	ft.		
е.		age daily flow rate		35.6	mgd	(average	from 4/05-3/08)
f.	Does	this outfall have e	either an intermittent o	or .			
	period	dic discharge?		Yes	x	_No	(go to A.9.g)
	Numb	per of times per ye	ear discharge occurs:			_	
	Avera	age duration of ea	ch discharge:			_	
	Avera	age flow per disch	arge:			_mgd	
	Month	hs in which discha	arge occurs:			-	
g.	. Is out	fall equipped with	a diffuser?	Yes	X	_No	
). D (escription	of Receiving Wat	ters				
a.	. Name	e of receiving wate	er <u>Roanok</u> e	e River			
b.	Name	e of watershed (if I	known)	Upper Roanoke Water	rshed		
			·	digit watershed code (if kno			
C.			ement/River Basin (if k	_			
o.		_	•	ological cataloging unit co	do (if known):	·	3010101
A		_			ue (ii known).		2010101
d.			eiving stream (if applica	•		. (7040	
	acute	30.9	_cfs (1Q10)	chronic	35.6	_cfs (7Q10)	•
			ving stream at critical			vailable	mg/l of CaCO₃

	ern Vi	iAME AND PERI rginia Water Au			Control Plant;				roved 1/14/99	77h
		cription of Treat	tment			Į.			Soft Moren N W Lane)
	a.	What levels of	treatment a	re provided?	Check all that a	ipply.		1 1 110		
		Primar		•	Secondary			AUG	2 2 2003	
		X Advan	•		_	Describe:		L]
	b.	Indicate the fol		val rates (as	_			down barn by	-WCHO	_
	υ.	Design BOD ₅ r	_	•				97	%	
		Design SS rem		cagn obob	5 (6)110421			97	^ %	
		_						96	^ %	
		Design P remo								
		Design N remo	vai (IKN)	Remova	l rates estimate	d based on	design influent	91	%	
		Other	_		and VPDES pe				%	
	C.	What type of di	sinfection is	used for the	effluent from thi	s outfall? If	disinfection varie	s by season, please d	escribe.	
		Chlorination		· ·						_
		If disinfection is	by chlorina	tion, is dechl	orination used fo	or this outfall	?	XYes	No	
	d.	Does the treatn	nent plant ha	ave post aera	ation?			X Yes	No	
A.12.	•	.								
	mini		esting data	-	sed on at least t			r analytes not addres no more than four a		
skožu a zvenovo i	المراجع					an gara turan daga da ya	In fact to a rest to a series a series	edickija governoom of komo odkija in oktober om gjibo kaan m	Maria Magania and Araba	TOWNS ADDITIONATE AVAILABLE OF
	76	PARAMETER		MA Val	XIMUM DAILY\ Ive	/ALUE Units	Válue	parameter constitution of the parameter seasons and	(attraction a 1982)	nber of Samples
pH (Mi	nimur	n)	5-MWC54-C-M-4-3-	6.		s.u.				
pH (Ma			-	7.	7	s.u.				
Flow R	ate			85.	28	MGD	35.6	M	GD -	Continuous
Temera	ature	(Winter)		16	.3	_°F	14.5		F	15
Temer	ature	(Summer)		22	.7	°F	21.9	0	F	5
海 斯克·亚	* For	pH please repor	t a minimum	VI 1039914094497949	AND THE REPORT OF THE PARTY OF		9400 SEC. 9781 LOSS		[3] [3] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4	
· · · · · · · · · · · · · · · · · · ·					UM DAILY HARGE	À	/ERAGE DAILY I	DISCHARGE	ANALYTICAL: METHOD	ML/MDL
	W.			Сопс.	₃ Units ຸ	Conc.	Units 🛣	Number of Samples		
		AL OXYGEN	BOD-5	18	mg/L	2.27	mg/L	1,096	EPA 405.1	2 mg/L
Demar	nd (Re	eport one)	CBOD-5	N/A	N/A	N/A	N/A	N/A	N/A	N/A 2 MPN/100
•		IFORM (E. coli)		7	MPN/100 mls	1.67	MPN/100 mls	432	SM 9221 C, E	mLs
TOTAL	SUS	PENDED SOLID	S (TSS)	60	mg/L	3.12 D OF PAF	mg/L >TA	1,096	EPA 160.2	1 mg/L
	の事業を	REFER TO	THE AP	PLICATIO	N OVERVIEV	N TO DET	ERMINE WH	ICH OTHER PAR	TS OF FORM	

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West		/irginia Water Authority W		Plant; VA0025020		OMB Number 2040-0086
	WA	ASTEWATER DISCHARG	GES(, ***), */*, fig			
						luding bypass points) through which
				ombined sewer overflows in this ts with a Design Flow Greater th		vered "no sto question Al8ia, go to
A.9	Des	scription of Outfall.				RECEIVED
	a.	Outfall number	003	EQ Basin Overflow		1110 0 3 0000
	b.	Location	Roanoke		24014	AUG 2 2 2008
	٥.	EGGGGG.	(City or town, if applic	cable)	(Zip Code)	
			Roanoke		Virginia	DEQ-WCRO
			(County)		(State)	
			37° 15' 58" (Latitude)		79° 54' 32" (Longitude)	
			Lagrany		(Longitus)	
	C.	Distance from shore (if	i applicable)	NA NA	ft.	
	d.	Depth below surface (if	f applicable)	NA	ft.	
	e.	Average daily flow rate)	0	mgd	
	f.	Does this outfall have e	either an intermittent	or		
		periodic discharge?		X Yes	No	(go to A.9.g)
		Number of times per ye	ear discharge occurs:	Emergency Bypass O	nly	
		Average duration of ea	ıch discharge:	Varies		
		Average flow per discha	ıarge:	Varies	mgd	
		Months in which discha	arge occurs:	Varies: Dependent up	on wet weather ev	ents
	g.	Is outfall equipped with	ı a diffuser?	Yes	XNo	
A.10.	. Des	scription of Receiving Wat	iters			
	a.	Name of receiving water	er <u>Roanok</u>	e River		
	b.	Name of watershed (if I	known)	Upper Roanoke Water	rshed	
		United States Soil Con-	servation Service 14-	digit wastershed code (if kno	own):	
	c.	Name of State Manage	ement/River Basin (if I	known):		
		United States Geologic	cal Survey 8-digit hydr	rological cataloging unit code	e (if known):	03010101
	d.	Critical low flow of recei	iving stream (if applic	able):		
		acute 30.9	cfs (1Q10)	chronic	35.6 cfs (70	Q10)
		Total hardness of receiv		<u></u>	Not Availabl	le mg/l of CaCO ₃

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A.11.	Desc	ription of Treat	tment					,			VED
	a.	What levels of	treatment a	re provided?	Check all	that apply.					
		Primar	у		Seconda	ıry		İ	AU	G 22	2003
		Advan	ced	x	_Other.	Describe:	Sediment	ation Tank Equi	valent to Prim	ary Treat	ment
	b.	Indicate the fol	lowing remo	oval rates (as	applicable))			DE	G-W	CRO
		Design BOD ₅ r	emoval <u>or</u> [Design CBOD	₅ removal				40	%	
		Design SS rem	noval						25	%	
		Design P remo	val						0	%	
		Design N remo	val						0	%	
		Other	_						····	%	
	c.	What type of di	sinfection is	used for the	effluent fr	om this outfall? If	disinfection	varies by season	, please descri	be.	
		Chlorination						·			_
		If disinfection is	by chlorina	ation, is dechl	orination u	sed for this outfal	l?	Yes	x	No	
	d.	Does the treatn	nent plant h	ave post aera	ation?			Yes	x	No	
	Outfa	II number:	003								:
i i		PARAMETER	4.64te	. Jaila MA	XIMUM D	AILY VALUE		AVERA	GE DAILY VA	LUE	
or (i.e.				Val	ue i	Units	Va	lue	Units	Nurr	ber of Samples
oH (Mi	nimun	1)		N/	'A	s.u.					
oH (Ma		n)		N/		s.u.					
Flow F		Winter)		N/		N/A N/A		/A /A	N/A N/A		N/A N/A
		Summer)		N/		N/A		/A	N/A		N/A
	* For	pH please repor	t a minimun	n and a maxir	num daily	value	•	<u> </u>		•	
		POLLUTANT			UM DAILY HARGE Unit	A∨	ERAGE DAIL	Y DISCHARGE Number of Sar	ME	YTICAL THOD	ML/MDL
BIOCH	IEMIC	AL OXYGEN	BOD-5	N/A	N/A		N/A	N/A		V/A	N/A
		port one)	CBOD-5	N/A	N/A	· · ···-	N/A	N/A		N/A	N/A
FECAL	COL	FORM		N/A	N/A	N/A	N/A	N/A	1	N/A	N/A
TOTAL	SUSI	PENDED SOLID	S (TSS)	N/A	N/A		N/A	N/A	1	V/A	N/A
		REFER TO	A SECTION OF ALL PLAN		OVER	END OF PAR /IEW TO DET OU MUST CO	ERMINE V	Septimination of the second	R PARTS C	F FOR	M

Western Virginia Water Authority Water Pollution Control Plant; VA0025020

OMB Number 2040-0086

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WAS:	LEVV	And 8	- K312	He I	(3: H	AK	(Gl⊨

WASTEWATER DISCHARGES

If you answered "yes" to question A Bia; complete questions A 9 through A 12 once for each outfall (including bypass points); through which effluent is discharged. Do not include information on combined sewence relows in this section. If you answered in the story answered in the section of the sec

4.9	Des	scription of Outfall.				
	a.	Outfall number	010	_Influent Pump Station	Bypass	RECEIVED
	b.	Location	Roanoke		24014	
			(City or town, if applicable	e)	(Zip Code)	AUG 2 2 2008
			Roanoke (County)		Virginia (State)	
			37° 15' 56"		79° 54' 56"	DEQ-WCRO
			(Latitude)		(Longitude)	The same of the sa
	C.	Distance from shore (if	applicable)	NA	ft.	
	d.	Depth below surface (if	applicable)	NA NA	ft.	
	e.	Average daily flow rate	-	0	— mgd	
	f.	Does this outfall have e	ither an intermittent or			
		periodic discharge?		X Yes	No	(go to A.9.g)
		Number of times per year	ar discharge occurs:	Emergency Bypass On	ily	
		Average duration of each	h discharge:	Varies		
		Average flow per discha	irge:	Varies	mge	d
		Months in which dischar	rge occurs:	Varies: Dependent upo	n wet weather o	events
	g.	Is outfall equipped with	a diffuser?	Yes	XNo	
۸.10.	Des	cription of Receiving Wate	ers			
	a.	Name of receiving water	r Roanoke R	River		
	b.	Name of watershed (if k		Upper Roanoke Waters	hed	
		•	•	it wastershed code (if knov		
	C.	Name of State Manager	_	-		
				gical cataloging unit code	(if known):	03010101
	d.	Critical low flow of receiv			,	
		acute 30.9	cfs (1Q10)		35.6 cfs ((7Q10)
	e.	Total hardness of receiv	•		Not Availa	
			-	•		

OMB Number 2040-0086

A.11. Description of Treatment a. What levels of treatment are provided? Check all that apply. Primary Secondary		
PrimarySecondary	Si ti Dennie de la Co	
	400	somm is to those force
	AUG 2	2 2 2008
Advanced Other. Describe: No treatment	1 1100 2	2 2 2000
b. Indicate the following removal rates (as applicable)	l DEO.	WCHO
Design BOD₅ removal <u>or</u> Design CBOD₅ removal	0	%
Design SS removal	0	 %
Design P removal	0	 %
Design N removal	0	 %
Other		 %
c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by se	eason inlease describ	·
None	odoon, piedde desens	
	Vos. V	No
If disinfection is by chlorination, is dechlorination used for this outfall?	_YesX	
d. Does the treatment plant have post aeration?	Yes X	No
CFR Part 136. At a minimum, effluent testing data must be based on at least three samples half years apart.		with QA/QC s not addressed by 40 ore than four and one-
CFR Part 136. At a minimum, effluent testing data must be based on at least three samples half years apart. Outfall number: 010		s not addressed by 40
half years apart. Outfall number: 010	and must be no mo	s not addressed by 40 ore than four and one-
half years apart. Outfall number: 010		s not addressed by 40 ore than four and one-
half years apart. Outfall number: 010 PARAMETER MAXIMUM DAILY VALUE AV Value Units Value	and must be no mo	s not addressed by 40 ore than four and one-
half years apart. Outfall number: 010 PARAMETER MAXIMUM DAILY VALUE AN Value OH (Minimum) N/A s.u.	and must be no mo	s not addressed by 40 ore than four and one-
half years apart. Outfall number: 010 PARAMETER MAXIMUM DAILY VALUE A) Value Units Value oH (Minimum) N/A s.u. oH (Maximum) N/A N/A N/A Flow Rate N/A N/A N/A	VERAGE DAILY VAL	e not addressed by 40 ore than four and one-
half years apart. Outfall number: 010 PARAMETER MAXIMUM DAILY VALUE AV Value Units Value 0H (Minimum) N/A s.u. 0H (Maximum) N/A s.u. Flow Rate N/A N/A N/A N/A N/A N/A N/A N/A	VERAGE DAILY VAL Units N/A N/A	N/A N/A
half years apart. Outfall number: 010 PARAMETER MAXIMUM DAILY VALUE AI Value Units Value pH (Minimum) N/A s.u. pH (Maximum) N/A s.u. pH (Maximum) N/A N/A Flow Rate N/A N/A Temerature (Winter) N/A N/A N/A N/A N/A	VERAGE DAILY VAL	e not addressed by 40 ore than four and one-
half years apart. Outfall number: 010 PARAMETER MAXIMUM DAILY VALUE AV Value Units Value 0H (Minimum) N/A s.u. 0H (Maximum) N/A s.u. Flow Rate N/A N/A N/A N/A N/A N/A N/A N/A	VERAGE DAILY VAL Units N/A N/A N/A	Number of Samples N/A N/A N/A
half years apart. Outfall number: PARAMETER MAXIMUM DAILY VALUE AVIOUS Value Units Value DH (Minimum) N/A S.u. Plow Rate N/A N/A N/A N/A N/A N/A * For pH please report a minimum and a maximum daily value POELUTANT: MAXIMUM DAILY AVERAGE DAILY DISCHAR AVERAGE DAILY DISCHAR	VERAGE DAILY VAL Units N/A N/A N/A N/A N/A MET	N/A N/A
half years apart. Outfall number: 010 PARAMETER MAXIMUM DAILY VALUE AN Value Units Value OH (Minimum) N/A s.u. OH (Maximum) N/A s.u. Flow Rate N/A N/A N/A N/A Temerature (Winter) N/A N/A N/A * For pH please report a minimum and a maximum daily value POLLUTANT: MAXIMUM DAILY DISCHARGE AVERAGE DAILY DISCHAR Conc. Units Number of	VERAGE DAILY VAL Units N/A N/A N/A N/A N/A ANAL Gramples	Number of Samples N/A N/A N/A N/A N/A N/A
half years apart. Outfall number: 010 PARAMETER MAXIMUM DAILY VALUE AN Value Units Value OH (Minimum) N/A s.u. OH (Maximum) N/A s.u. Flow Rate N/A N/A N/A N/A N/A Temerature (Winter) N/A N/A N/A N/A * For pH please report a minimum and a maximum daily value POLIUTANT: MAXIMUM DAILY DISCHARGE AVERAGE DAILY DISCHARGE Conc. Units Number of BIOCHEMICAL OXYGEN BOD-5 N/A	VERAGE DAILY VAL Units N/A N/A N/A N/A N/A N/A N/A N/	Number of Samples N/A N/A N/A N/A N/A N/A N/A N/
NA NA NA NA NA NA NA NA	N/A RGE OF Samples N/A N/A N/A N/A N/A N/A N/A N/	N/A N/A N/A N/A N/A N/A N/A N/A
NA NA NA NA NA NA NA NA	VERAGE DAILY VAL Units N/A N/A N/A N/A N/A N/A N/A N/A N/A N/	N/A N/A N/A N/A N/A N/A N/A N/A

Form Approved 1/14/99

Western Virginia Water Authority Water Pollution Control

Plan	t; VA	025020 OMB Number 2040-0086
ВА	SI	APPLICATION INFORMATION
		ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR O 0.1 MGD (100,000 gallons per day) niswith a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All of less gotto Part € (€3 lineation)
B.1.	Brie	w and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration. AUG 2 2 2008 y explain any steps underway or planned to minimize inflow and infiltration. sent order with DEQ WCRO is in effect and defines specific actions.
B.2.	bou	graphic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property daries. This map must show the outline of the facility and the following information. (You may submit more than one map if one does not show the entire area.) See Attached Site Location Map and Facility Layout Map The area surrounding the treatment plant, including all unit processes. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable. Each well where wastewater from the treatment plant is injected underground. Well, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.
B.3. B.4.	bac chic flow Ope	ses Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all up power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., nation and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily ates between treatment units. Include a brief narrative description of the diagram. See Attached Process Flow Diagram and Process Description in Attachment B.3 ation/Maintenance Performed by Contractor(s). ny operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a actor?
	pag Nan Mail Tele	Yes X No Ilist the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional sif necessary). By Address: Chone Number: Consibilities of Contractor:
В.5.	unce trea	duled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or impleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the nent works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 ch. (If none, go to question B.6.)
	a.	List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule. Outfall 001
	b.	Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies. Yes X No

OMB Number 2040-0086

c. If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

Based on Results of Ongoing Flow Capacity Determination-expansions to support 62 MGD and 72 MGD Tiers

(Digester and Chlorination Contact Improvements); other improvements based on study

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps step below; as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates. as applicable, indicate dates as accurately as possible.

Implementation Stage	Schedule MM/DD/YYYY	Actual Completion MM/DD/YYYY	AUG 2 2 2008 Implementation
- Begin construction	11		Schedule-Planned
- End construction	1 1		OF 2009-2010
- Begin discharge			
- Attain operational level			

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? No Describe briefly:

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: 001 (Apr 05-Mar 08)

*Laboratory Reporting Limit. MDL is included in the lab reports.

	,		**Dissoly	ed Oxyg	jen value	es based	l on Mini	mum Mc	nthly Valu	es report on DMR:	3
POLLUTANT			UM DAILY HARGE		A	VERAGI	E DAILY [DISCHAF	RGE	ANALYTICAL	
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples	METHOD	ML/MDL *
CONVENTIONAL AND NONCON	VENTIO	NAL CO	DMPOUN	DS.							
AMMONIA (as N)	0.31	mg/L	100	kg/d	<0.17	mg/L	<22.9	kg/d	3	SM 4500NH3,F	0.1 mg/L
CHLORINE (TOTAL RESIDUAL, TRC)	<0.1	mg/L	<32.3	kg/d	<0.1	mg/L	<13.5	kg/d	1,096	EPA 330.1	0.1 mg/L
DISSOLVED OXYGEN **	9.1	mg/L	1,800	kg/d	7.1	mg/L	957	kg/d	1,096	EPA 360.1	1.0 mg/L
TOTAL KJELDAHL NITROGEN (TKN)	4.9	mg/L	914	kg/d	<1	mg/L	<91.6	kg/d	1,096	SM 4500N,C	1 mg/L
NITRATE PLUS NITRITE NITROGEN	11.9	mg/L	3,840	kg/d_	10.4	mg/L	1,400	kg/d	3	EPA 300.0	0.1 mg/L
OIL and GREASE	<5	mg/L	<1,610	kg/d	<5	mg/L	<674	kg/d	3	SM 5520B	5 mg/L
PHOSPHORUS (Total)	1.01	mg/L	188	kg/d	0.14	mg/L	18.9	kg/d	1,096	EPA 365.3	0.05 mg/L
TOTAL DISSOLVED SOLIDS (TDS)	451	mg/L	146,000	kg/d	418	mg/L	56,000	kg/d	3	EPA 160.1	1 mg/L
OTHER	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

END OF PART B.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM **2A YOU MUST COMPLETE**

FACILITY NAME AND PERMIT NUMBER:	Form Approved 1/14/99
Western Virginia Water Authority Water Pollution Control Plant; VA0025020	OMB Number 2040-0086
BASIC APPLICATION INFORMATION	PECENVED.
PARTIC (CERTIFICATION)	
All-applicants must complete the Certification Section Refer to instruc	ctions to determine who is an officer/ or the burposes of this sertification. All
completed and are submitting iBy signing this certification statement.	ined in the Application Overview Indicate below which parts of Form 2A you have applicants confirm that they have reviewed Form 2A and have completed all sections.
that applyite the facility for which this application is submitted	DEQ. (ORO
Indicate which parts of Form 2A you have completed an	d are submitting:
X X X X X	Part D (Expanded Effluent Testing Data) Part E (Toxicity Testing: Biomonitoring Data) Part F (Industrial User Discharges and RCRA/CERGLA Wastes) Part G (Combined Sewer Systems)
ALL-APPLICANTS MUSTICOMPLETE THE FOLLOWING CERT certifity under penalty of law that this document and all attachments w	RTIFICATION Personal under my direction or supervision in accordance with a City
designed to assure that qualified personnel properly gather and evalua	ate the information submitted. Based on my inquiry of the person or persons who
	the information, the information is, to the best of my knowledge and belief, true, s for submitting false information, inloluding the possibility of fine and imprisonment
for knowing violations.	
Name and official title Michael T. McEvoy, Execu	utive Director, Wastewater Services
Signature Michael T.	Miles
Telephone number (540) 853-1449	
Date signed 8/20/08	
Upon request of the permitting authority, you must submit any other infor identify appropriate permitting requirements.	formation necessary to assess wastewater treatment practices at the treatment works

SEND COMPLETED FORMS TO:

FACILITY NAME AND PERMIT NUMBER:	:									Form Approve	d 1/14/99
Western Virginia Water Authority Water	Pollutio	n Contro	ol Plant; VA	002502	0			r	· · · · · · · · · · · · · · · · · · ·	_OMB_Number	
SUPPLEMENTALAPPL	ICAT	NOI	INFOR	MAT	ION					ion to Lin Y	ED :
Paried: Expanded: Efflueni	TEST	ING DA	TA 🖫					想要		JG 2-2-31	
Raintollicellesionsonlineoxame											
Effluent Testing: 1.0 mgd and Pretreatn required to have) a pretreatment program,											
following pollutants. Provide the indicated which effluent is discharged. Do not includ collected through analyses conducted usin and other appropriate QA/QC requirements below any data you may have on pollutants scans and must be no more than four and of the property o	le informa g 40 CFF s for stan s not spe	ation on o R Part 13 dard met cifically li	combined se 6 methods. hods for and sted in this t	ewer ove In addit alytes no	erflows in ion, thes ot addres	this sect e data m sed by 4	tion. All in ust comply 0 CFR Pa	formatic with Q rt 136.	on reported A/QC requ Indicate in	must be based irements of 40 the blank rows	l on data CFR Part 136 provided
Outfall number: 001 (Complete once for	each ou	tfall disch	narging efflu	ent to w	aters of t	the Unite	d States.)				
ROULUTANT		8 3 5 4 5 5 5 6	ÚM DAILY HARGE		A	VERAGE	DAILY D	ISCHAF	₹ĠĔ	ANALYTICAL	
	Conc.	Units	Mass	Units	*Conc	Units.	Mass	Units	Number of Samples	METHOD	,ML/MDL =
METALS (TOTAL RECOVERABLE), C	YANIDI	E, PHEN	IOLS, AND	HAR	NESS.						
ANTIMONY **	<20	μg/L	6,460	g/d	<20	μg/L	2,700	g/d	3 _	EPA 200.7	20 μg/L
ARSENIC	<20	μg/L	6,460	g/d	<20	μg/L	2,700	g/d	3	EPA 200.7	20 µg/L
BERYLLIUM	Waive	r Requ	ested								
CADMIUM	<1	μg/L	<323	g/d	<1	μg/L	<135	g/d	3	EPA 200.7	1 μg/L
CHROMIUM		"		l		,.	.07.4		اً ا		

COPPER 9.1 2,940 g/d 8.7 μg/L 1,170 3 μg/L g/d EPA 200.7 5 μg/L LEAD 3 <10 μg/L <3,230 g/d <10 μg/L <1,350 g/d EPA 200.7 10 µg/L MERCURY μg/L g/d <1.0 μg/L <323 g/d <1.0 <135 72 EPA 245.1 0.2 µg/L. NICKEL <100 <100 μg/L <32,300 g/d μg/L <13,500 g/d 72 EPA 200.7 100 µg/L SELENIUM 2.5 μg/L 807 g/d <2.2 μg/L 296 g/d 72 EPA 200.7 2.2 µg/L **SILVER** <1,160 g/d <5 μg/L <674 g/d 3 <5 μg/L **EPA 200.7** 5 μg/L **THALLIUM** Waiver Requested ZINC g/d 30.3 μg/L 9,780 g/d 26.8 μg/L 3,610 3 EPA 200.7 20 µg/L CYANIDE <3,230 μg/L <1,350 <10 μg/L g/d <10 g/d 72 **EPA 335.2** 10 µg/L TOTAL PHENOLIC COMPOUNDS Waiver Requested HARDNESS (AS CaCO₃) 192 62,000 kg/d 189 mg/L | 25,500 kg/d mg/L **EPA 130.2** 1 mg/L Use this space (or a separate sheet to provide information on other base-neutral compounds requested by the permit writer. * Laboratory Reporting Limit. MDL is included in the lab reports. Analyte was detected during analysis of the 6/25/2008 sample but was below quantification limits.

<5 μg/L <674 g/d

3

EPA 200.7

5 μg/L

<5

| μg/L | <1,160 | g/d |

FACILITY NAME AND PERMIT NUMBE Western Virginia Water Authority Water		on Confi	roi Plant• \	/ልበበንፍ	020		F	7E(CEIV	Form Approve	
Outfall number: 001 (Complete once						of the U	nited State	s.)	po mane se ec	-ewe Number	2040-0060
POLLUTANTE		All Advisors on	UM DAILY HARGE		Δ	VERAĞI	-DAILY D	IŞÇHÂ	RGE 6 10	log I I	
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number	METHOD	ML/MDL
					din r			1 15.67EV	of Samples		
VOLATILE ORGANIC COMPOUNDS.				ar to the control of	New York Care Care Care Care Care Care Care Care	- 17. 11.1 10.01.14	The same of the sa	ar Lun ha	K-141'	ĦŪ	
ACROLEIN	<50	μg/L	<16,100	g/d	<50	μg/L	<6,740	g/d	3	EPA 624	50 μg/L
ACRYLONITRILE	<50	μg/L	<16,100	g/d	<50	μg/ L	<6,740	g/d	3	EPA 624	50 μg/L
BENZENE	<5	μg/L	<1,610	g/d	<5	µg/L	<674	g/d	3	EPA 624	5 μg/L
BROMOFORM	<5	μg/L	<1,610	g/d	<5	μg/L	<674	g/d	3	EPA 624	5 μg/L
CARBON TETRACHLORIDE	<5	μg/L	<1,610	g/d	< 5	μg/L	<674	g/d	3	EPA 624_	5 μg/L
CHLOROBENZENE	<5	µg/L	<1,610	g/d	<5	μg/L	<674	g/d	3	EPA 624	5 μg/L
CHLORODIBROMO-METHANE	<5	μg/L	<1,610	g/d	< 5	μg/L	<674	g/d	3	EPA 624	5 μg/L
CHLOROETHANE	Waive	r Requ	ested								
2-CHLORO-ETHYLVINYL ETHER	Waive	r Requ	ested					·			
CHLOROFORM	16_	μg/L	5,170	g/d	12.7	μg/L	1,710	g/d	3	EPA 624	5 μg/L
DICHLOROBROMO-METHANE	<5	μg/L	<1,610	g/d	<5	μg/L	<674	g/d	3	EPA 624	5 μg/L
1,1-DICHLOROETHANE	Waive	r Requ	ested								
1,2-DICHLOROETHANE	<5_	μg/L	<1,610	g/d	<5	μg/L	<674	g/d	3	EPA 624	5 μg/L
TRANS-1,2-DICHLORO-ETHYLENE	<5	μg/L	<1,610	g/d	<5	μg/L	<674	g/d	3	EPA 624	5 μg/L
1,1-DICHLOROETHYLENE	<5	μg/L	<1,610	g/d	<5	μg/L	<674	g/d	3	EPA 624	5 μg/L
1,2-DICHLOROPROPANE	<5	μg/L	<1,610	g/d	<5	μg/L	<674	g/d	3	EPA 624	5 μg/L
1,3-DICHLORO-PROPYLENE	<5	μg/L	<1,610	g/d	<5	μg/L	<674	g/d	3	EPA 624	5 μg/L
ETHYLBENZENE	<5	μg/L	<1,610	g/d	<5	μg/L	<674	g/d	3	EPA 624	5 μg/L
METHYL BROMIDE	<5	μg/L	<1,610	g/d	<5	μg/L	<674	g/d	3	EPA 624	5 μg/L
METHYL CHLORIDE	Waive	r Requ	ested								
METHYLENE CHLORIDE	<5	μg/L	<1,610	g/d	< 5	μg/L	<674	g/d	3	EPA 624	5 μg/L
1,1,2,2-TETRACHLORO-ETHANE	Waive	Requ	ested								
TETRACHLORO-ETHYLENE	<5	g/L	<1,610	g/d	< 5	μg/L	<674	g/d	3	EPA 624	5 μg/L
TOLUENE	<5	g/L	<1,610		< 5	μg/L	<674	g/6	EW	EDA 624	5 μg/L
Laboratory Reporting Limit. N	IDL is i	nclude	d in the	lab re	ports.						
								AUG	2 2 20	08	
						1	<u> </u>	H== 423	VEE -		i
5545 0540 04 (B. 1400) B.						ļ	8		.WC	TU	

Western Virginia Water Authority Water Pollution Control Plant: VA0025020 MB-Number 2040-0086 Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.) POLLUTANTA SEE MAXIMUM DAILY AVERAGE DAILY DISCHARGE DISCHARGE NUDer 2MEUROD ME Units Mass DEQ-WCRO 1.1.1-TRICHLOROETHANE Waiver Requested 1,1,2-TRICHLOROETHANE <5 μg/L <1,610 g/d <5 μg/L <674 g/d 3 **EPA 624** 5 µg/L TRICHLORETHYLENE <5 <1.610 g/d <5 μg/L <674 q/d 3 **EPA 624** 5 µg/L µq/L VINYL CHLORIDE <5 μg/L <1,610 g/d <5 μg/L <674 **EPA 624** 5 µg/L Use this space (or a separate sheet) to provide information on other volatile organic compounds requested by the permit writer. ACID-EXTRACTABLE COMPOUNDS P-CHLORO-M-CRESOL Waiver Requested 2-CHLOROPHENOL <13.4 µg/L <4,330 g/d <13.4 µg/L <1,800 g/d 3 **EPA 625** 13.4 µg/L 2.4-DIMETHYLPHENOL <13.4 µg/L <4,330 g/d <1.800 3 **EPA 625** 13.4 µg/L <13.4 µg/L | 4,6-DINITRO-O-CRESOL Waiver Requested 2.4-DINITROPHENOL <13.4 µg/L | <4,330 | g/d | <13.4 | µg/L | <1,800 g/d **EPA 625** 13.4 µg/L 2-NITROPHENOL Waiver Requested 4-NITROPHENOL Waiver Requested PENTACHLOROPHENOL <13.4 μg/L <4,330 g/d <13.4 μg/L <1,800 3 **EPA 625** 13.4 µg/L PHENOL ** <13.4 µg/L g/d <4,330 g/d <13.4 µg/L |<1,800| 3 EPA 625 13.4 µg/L 2,4,6-TRICHLOROPHENOL μg/L | <4,330 | g/d | <13.4 | μg/L | <1,800 | g/d <13.4 **EPA 625** 13.4 µg/L Use this space (or a separate sheet) to provide information on other acid-extractable compounds requested by the permit writer. BASE-NEUTRAL COMPOUNDS. **ACENAPHTHENE** <13.4 µg/L | <4,330 | g/d | <13.4 | µg/L | <1,800 | **EPA 625** 13.4 µg/L ACENAPHTHYLENE Waiver Requested ANTHRACENE μg/L | <4,330| g/d | <13.4 <1,800 3 <13.4 μg/L g/d **EPA 625** 13.4 µg/L BENZIDINE <13.4 µg/L <4,330 g/d <13.4 μg/L <1,800 3 **EPA 625** 13.4 µg/L BENZO(A)ANTHRACENE <4,330 g/d <13.4 <1.800 <13.4 µg/L μg/L g/d 3 **EPA 625** 13.4 µg/L BENZO(A)PYRENE <1.800 3 **EPA 625** 13.4 µg/L <13.4 μg/L |<4,330 | g/d |<13.4 | μg/L

^{*} Laboratory Reporting Limit. MDL is included in the lab reports.

^{**} Analyte was detected during analysis of the 6/25/2008 sample but was below quantification limits.

FACILITY NAME AND PERMIT NUMBER:							<u> </u>			Form Approve	ed 1/14/99
Westerm Virginia Water Authority Water P			•					3E(EIV	Number	2040-0086
Outfall number: 001 (Complete once for each	ach outfa				ters of th	e United	States	and the second	And personal field the second day to	re la managamenta de la constanta	Constitution of the control of
POLLUTANT	Conc.		UM DAILY HARGE Mass	Units	1 17 17 17 17 17 17 17 17 17 17 17 17 17	VERAG Units	E DAILY E	AUO.	RGE Number of Samples	ÁSTAL-YITICAL METHOD	ML/MDL.*
3,4 BENZO-FLUORANTHENE	I STATE OF THE STA	r Requ	100000000000000000000000000000000000000	9 1000 1000	West Court for Cont.	1 NOTES AND ASSESSED.	S SHAP SEE JEE'S 182 F W	DEC	J-WC	RO	A. 2000.
BENZO(GHI)PERYLENE		r Regu									-
BENZO(K)FLUORANTHENE		μg/L	<4,330	g/d	<13.4	μg/L	<1,800	g/d	3	EPA 625	13.4 μg/L
BIS (2-CHLOROETHOXY) METHANE	Waive	r Requ	uested								
BIS (2-CHLOROETHYL)-ETHER	<13.4	μg/L	<4,330	g/d	<13.4	μg/L	<1,800	g/d	3	EPA 625	 13.4 μg/L
BIS (2-CHLOROISO-PROPYL) ETHER	<13.4	μg/L	<4,330	g/d	<13.4	μg/L	<1,800	g/d	3	EPA 625	13.4 μg/L
BIS (2-ETHYLHEXYL) PHTHALATE **	29.2	μg/L	9,430	g/d	<17.9	μg/L	<5,780	g/d	3	EPA 625	13.4 μg/L
4-BROMOPHENYL PHENYL ETHER	Waive	r Requ	ested								
BUTYL BENZYL PHTHALATE	<13.4	μg/L	<4,330	g/d	<13.4	μg/L	<1,800	g/d	3	EPA 625	13.4 μg/L
2-CHLORONAPHTHALENE	<13.4	μg/L	<4,330	g/d	<13.4	μg/L	<1,800	g/d	3	EPA 625	 13.4 μg/L
4-CHLORPHENYL PHENYL ETHER	Waive	r Requ	ested								·
CHRYSENE	<13.4	μg/L	<4,330	g/d	<13.4	μg/L	<1,800	g/d	3	EPA 625	13.4 µg/L
DI-N-BUTYL PHTHALATE ***	<13.4	μg/L	<4,330	g/d	<13.4	μg/L	<1,800	g/d	3	EPA 625	13.4 μg/L
DI-N-OCTYL PHTHALATE	Waive	r Requ	ested						· · · · · · · · · · · · · · · · · · ·		
DIBENZO(A,H) ATHRACENE	<13.4	μg/L	<4,330	g/d	<13.4	μg/L	<1,800	g/d	3	EPA 625	13.4 µg/L
1,2-DICHLOROBENZENE	<13.4	μg/L	<4,330	g/d	<13.4	μg/L	<1,800	g/d	3	EPA 625	13.4 μg/L
1,3-DICHLOROBENZENE	<13.4	μg/L	<4,330	g/d	<13.4	μg/L	<1,800	g/d	3	EPA 625	13.4 μg/L
1,4-DICHLOROBENZENE	<13.4	μg/L	<4,330	g/d	<13.4	μg/L	<1,800	g/d	3	EPA 625	13.4 µg/L
3,3-DICHLOROBENZIDINE	<13.4	μg/L	<4,330	g/d	<13.4	μg/L	<1,800	g/d	3	EPA 625	13.4 μg/L
DIETHYL PHTHALATE	<13.4	μg/L	<4,330	g/d	<13.4	μg/L	<1,800	g/d	3	EPA 625	13.4 μg/L
DIMETHYL PHTHALATE	<13.4	μg/L	<4,330	g/d	<13.4	μg/L	<1,800	g/d	3	EPA 625	13.4 µg/L
2,4-DINITROTOLUENE	<13.4	μg/L	<4,330	g/d	<13.4	μg/L	<1,800	g/d	3	EPA 625	13.4 μg/L
2,6-DINITROTOLUENE	Waive	r Requ	ested								
			1						1	1	

<13.4 μg/L <4,330 g/d <13.4 μg/L <1,800 g/d *,Laboratory Reporting Limit. MDL is included in the lab reports.

1,2-DIPHENYLHYDRAZINE

EPA 625 | 13.4 μg/L

^{**} Analyte was detected in the associated method blank (14.0 μg/L) during analysis of the 5/22/2008 sample.

^{***} Analyte was detected during analysis of the 5/22/2008 sample but was below quantification limits. The analyte was also detected in the associated method blank (3.0 µg/L).

Western Virginia Water Authority Water Pollution Control Plant; VA0025020

OMB Number 2040-0086

Pollution	Control	Plant; VAU	UZOUZU	·		<u> </u>			OMB Number 2	2040-0086
or each ou				vaters of	the Unit	ted States.)			
				Ā	/ERAGI	E DAILY D	SCHA	RGE/	ANALVEICAL	
		1 17 52 17 25						Number of	METHOD	ML/MDL *
Conc	Units	Mass	Units	Сопс	Units	Mass	Ünits			
<13.4	μg/L	<4,330	g/d	<13.4	μg/L	<1,800	g/d	3	EPA 625	13.4 µg/L
<13.4	μg/L	<4,330	g/d	<13.4	μg/L	<1,800	g/d	3	EPA 625_	13.4 µg/L
<13.4	μg/L	<4,330	g/d	<13.4	μg/L	<1,800	g/d	3	EPA 625	13.4 µg/L
<13.4	μg/L	<4,330	g/d	<13.4	μg/L	<1,800	g/d	3	EPA 625	13.4 µg/L
<13.4	μg/L	<4,330	g/d	<13.4	μg/L	<1,800	g/d	3	EPA 625	13.4 μg/L
<13.4	μg/L	<4,330	g/d	<13.4	µg/L	<1,800	g/d	3	EPA 625	13.4 µg/L
<13.4	μg/L	<4,330	g/d	<13.4	μg/L	<1,800	g/d	3	EPA 625	13.4 µg/L
<13.4	μg/L	<4,330	g/d	<13.4	μg/L	<1,800	g/d	3	EPA 625	13.4 μg/L
<13.4	μg/L	<4,330	g/d	<13.4	μg/L	<1,800	g/d	3	EPA 625	13.4 μg/L
<13.4	μg/L	<4,330	g/d	<13.4	μg/L	<1,800	g/d	3	EPA 625	13.4 μg/L
<13.4	μg/L	<4,330	g/d	<13.4	μg/L	<1,800	g/d	3	EPA 625	13.4 μg/L
<13.4	μg/L	<4,330	g/d	<13.4	μg/L	<1,800	g/d	3	EPA 625	13.4 µg/L
Waive	r Requ	ested								
<13.4	μg/L	<4,330	g/d	<13.4	μg/L	<1,800	g/d	3	EPA 625	13.4 µg/L
<13.4	μg/L	<4,330	g/d	<13.4	μg/L	<1,800	g/d	3	EPA 625	13.4 μg/L
OL is inc	cluded	in the lab	repo	rts.				<u>.</u>		
provide	informat	ion on othe	er base	e-neutra	compo	ounds req	uested	d by the p	ermit writer.	
provide i	informat	ion on othe	er pollu	ıtants (e	.g., pes	sticides) re	equest	ed by the	permit writer.	
	(1) 15-70 to 10 to	在"多"的"相"物态是		的 被一条三分						
OITAC	I OVE	RVIEWT	O DE	ETERN	INE	WHICH	ОТН	ER PAF	RTS:OF FOI	RMS 5
	Conce <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4 <13.4	Conc. Units. C	Pre each cutfall discharging efflut MAXIMUM DAILY DISCHARGE Conc Units Mass Canada Page 14,330 C13.4 μg/L C4,330 C13.4 μg/L	The each cutfall discharging effluent to volume of the maximum DAILY (DISCHARGE) (DISCHAR	MAXIMUM DAILY DISCHARGE Conc. Units: Mass. Units Conc. 13.4 μg/L <4,330 g/d <13.4 14.3 μg/L <4,330 g/d <13.4 15. provide information on other base-neutral provide information on other pollutants (expression of the pollutants) (expression of the pollu	re each cutfall discharging effluent to waters of the Unit MAXIMUM DAILY AVERAGE AVAISON DATAGE AVAISON DATAGE AVAISON DATAGE AVAISON DATAGE AVAISON DATAGE AVAISON DATAGE AV	The each outfall discharging effluent to waters of the United States. MAXIMUM DAILY AVERAGE DAILY DISCHARGE	Conc Units Mass Units AVERACE DAILY.DISCHARGE AVERACE DAI	Conc Units Mass Units Units Conc Units Units Conc Units Units Conc Units Units Units Conc Units Units Units Conc Units Units Units Conc Units Unit	Conc. Units Mass Units Conc. Units Samples Conc. Units Mass Units Conc. Conc. Conc. Conc. Units Conc. Co

AUG 2 2 2008

DEQ-WGRQ

Western Virginia Water Authority Water Pollution Control Plant;

VA0025020

Form Approved 1/14/99

OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART E TOXICITY TESTING DATA

- POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute of Chronic toxicity for each of the facility's discharge points (1) POTWs with a design flow rate greater than or equal to 10 mg; (2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters

 At a minimum, these results must include quarterly testing for all 2 month, period within the past favear using multiple species (minimum) of two species) for the results from four tests performed at least annually in the four and/one-half years prior to the application provided the results show no appreciable toxicity; and testing for acute and/or chronic toxicity, depending on the range of receiving water, dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR. Part 136 methods. In addition, this data must comply with CAVQC requirements of 40 CFR Part 136 and other appropriate CAVQC requirements for standard methods for analytes not addressed by 40 CFR Part 136.

 In addition, submitting results of any other whole effluent toxicity revoide any information on the cause of the toxicity or any results of an other reduction evaluation, if one was conducted.
 - reducation evaluation if one was conducted :
 - If you have already submitted any/of the information requested in Part E ; you need not submit tragain; Rather provide the information requested in question E 4 for previously submitted information. HEPA methods were not used treport the reasons for using alternate, methods. It test summaries are available that contain all of the information requested below they may be submitted in place of Part E.

If no:biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete

E.1.	Required Tests.			Process Winds
E.2.	chronic Individual Test Data. Complete the	r of whole effluent toxicity tests cond 13_ acute e following chart <u>for each whole efflu</u> s constitutes a test). Copy this page	ent toxicity test conducted	in the last four and on-half years.
		Test number:	Test number:	DECTest/number
	a. Test information. Sec	e Attachment E.4		
Test s	pecies & test method number			
Age at	initiation of test			
Outfall	number			
Dates	sample collected			
Date to	est started			
Duration	on			
	b. Give toxicity test methods foll	lowed.		
Manua	l title			
Edition	number and year of publication			
Page r	number(s)			
	c. Give the sample collection me	ethod(s) used. For multiple grab	samples, indicate the	number of grab samples used.
24-Ho	ur composite			
Grab				
	d Indicate where the sample w	as taken in relation to disinfectio	n. (Check all that apply	r for each)
Before	disinfection			
After d	isinfection			
After d	echlorination			

FACILITY NAME AND PERMIT NUMBER:			Form Approved 1/14/99
Western Virginia Water Authority Water VA0025020	Pollution Control Plant;		OMB Number 2040-0086
	Test number:	Test number:	Test number:
e. Describe the point in the	treatment process at which	Interest to the second	
Sample was collected:		Factor 1	The state of the s
f. For each test, include whe	ether the test was intended	to assess chronic toxicity, ac	
Chronic toxicity		AL AL	9 2 2 2 2 2 3
Acute toxicity		The state of the s	The state of the s
g. Provide the type of test p	erformed.	Principle of designation and participation of the control of the c	G-WCHO
Static			
Static-renewal			
Flow-through			
h. Source of dilution water.	If laboratory water, specify	type; if receiving water, speci	fiy source.
Laboratory water			
Receiving water			
i. Type of dilution water. If s	salt water, specify "natural"	or type of artificial sea salts o	r brine used.
Fresh water			
Salt Water			
j. Give the percentage efflue	ent used for all concentratio	ns in the test series	
	ring the test. (State whether	er parameter meets test meth	ods specifications)
рН			
Salinity			
Temperature			
Ammonia			
Dissolved oxygen		Professional and the section of the	· • · • · · · · · · · · · · · · · · · ·
Test Results			
Acute:			
Percent survival in	%	%	%
100% effluent LC ₅₀			
95% C.I.	<u> </u>	%	%
Control percent survival	<u> </u>		%
Other (describe)			

I UU terranium	ITY NAME AND PERMIT NUMBER			Form Approved 1/14/99	
VA002	ern Virginia Water Authority Wate 25020	Ponution Control Flant,		OMB Number 2040-0086	. <u> </u>
Chro	nic				
	NOEC	%	%	the day the last the transfer of the transfer	%
	IC ₂₅	%	%	States Tool States IN BY Brance Brush	%
	Control percent survival	%	%	UG 2 2 2398	%
	Other (describe)				
	m. Quality Control/Quality	Assurance	F-7, 5	EQ-WORO	
is refe	erence toxicant data availabl	e?			
within What toxica	reference toxicant test n acceptable bounds? date was reference ant test run				
,	DD/YYYY)? r (describe)				
E.4.	information, or information r	If yes, describe: iomonitoring Text Information. If you I regarding the cause of toxicity, within the submitted to the permitting authority and a	past four and one	-half years, provide th	e

FACILITY NAME AND PERMIT NUMBER:
Western Virginia Water Authority Water Poliution Control Plant;
VA0025020

Form Approved 1/14/99

OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

Name of the last o		
All tre	atment works receiving	USER DISCHARGES AND RCRA/CERCLA WASITES discharges from significant industrial users of which receive RCRA CERCLA, of other remedial wastes must complete Rart
GEN	ERAL INFORMAT	ON:
F.1.	Pretreatment Progra	m. Does the treatment works have, or is it subject to, an approved prefreatment program?
	X_Yes	_ No
F.2.	_	Industrial Users (SiUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of ischarge to the treatment works.
	a. Number of no	n-categorical SIUs. 19
	b. Number of Cl	Us. 22
SIGN	JIFICANT INDUST	RIAL USER INFORMATION:
Suppl	y the following inform	ation for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and Jested for each SIU.
F.3.	Significant Industria pages as necessary.	User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional
	Name:	Accellent Cardiology
	Mailing Address:	235 South Yorkshire Street
		Salem, VA 24153
F.4.	Industrial Processes	. Describe all of the industrial processes that affect or contribute to the SIU's discharge.
		rotube, fine wire, and machined parts
F.5.	Principal Product(s) discharge.	and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's
	Principal product(s):	Non-ferrous tube, wire, and machined components
	Raw material(s):	Non-ferrous metals, lubricants, solvents, cleaners, abrasives, acids, bases, and general shop supplies
F.6.	Flow Rate.	
		ewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons and whether the discharge is continuous or intermittent. _gpdcontinuous or _Xintermittent)
		vastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection ons per day (gpd) and whether the discharge is continuous or intermittent. _gpd (continuous or intermittent)
F.7.	Pretreatment Standa	rds. Indicate whether the SIU is subject to the following:
	Local limits Categorical pro-	etreatment standards X Yes No
	If subject to categorica	ll pretreatment standards, which category and subcategory?
	or resouthered the	g)

Vester	rn Virginia	Water Authority	Water Pollution	Control Plant; VA0025020] ,	OMB Number 2040-0086
	Problems	at the Treatment	t Works Attribut	ed to Waste Discharged by the SIL		
8.				n the past three years?		
	Yes	s X No	If yes	, describe each episode.		
CRA	HAZARD	OUS WASTE K	ECEIVED BY	TRUCK, RAIL, OR DEDICATED	PIPELINE:	
9.	RCRA Wa	este. Does the trea	atment works rec	eive or has it in the past three years	received RCRA hazardou	s waste by truck, rail, or dedic
-	pipe?	J. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	Attrictic 11		1000110011011	o mode by a many ,
		Yes X _	No (go to F.12	2.)		
			_			
0.	Waste Tra	ansport. Method b	oy which RCRA w	waste is received (check all that apply	/):	
	Truc		Rail	Dedicated Pipe	•	
,			_	· ·		
1.	Waste De	scription. Give E	PA hazardous wa	aste number and amount (volume or	mass, specify units).	
		rdous Waste Numl		Amount	Units	
	E) Attended	Iduda vvac.	<u>nei</u>	Amount	<u></u>	
		<u></u>	_		-	
			_			
			_			
اکت	A (SLIPE	WAST				
	-	Kruiid) iine	-mvirk KCF	> V DEMEDIATION/CORRECTIV		To a very magnification of the con-
2.	Remediati Yes Provide a li	ion Waste. Does to complete F.13 the list of sites and the	the treatment wo rough F.15.) requested inform	RA REMEDIATION/CORRECTIVE TIVITY WASTEWATER: urks currently (or has it been notified to the current of the cur	hat it will) receive waste fi	
2.	Remediati Yes Provide a li	ion Waste. Does to complete F.13 the list of sites and the	the treatment wo rough F.15.) requested inform	rks currently (or has it been notified t	hat it will) receive waste fi	
2.	Remediati Yes Provide a li	ion Waste. Does to complete F.13 the list of sites and the gin. Describe the	the treatment wo rough F.15.) requested inform	rks currently (or has it been notified t X No nation (F.13 - F.15.) for each current	hat it will) receive waste fi	
2.	Remediati Yes Provide a li	ion Waste. Does to complete F.13 the list of sites and the gin. Describe the	the treatment wo rough F.15.) requested inform	rks currently (or has it been notified t X No nation (F.13 - F.15.) for each current	hat it will) receive waste fi	
2.	Remediati Yes Provide a li	ion Waste. Does to complete F.13 the list of sites and the gin. Describe the	the treatment wo rough F.15.) requested inform	rks currently (or has it been notified t X No nation (F.13 - F.15.) for each current	hat it will) receive waste fi	
3.	Remediati Yes Provide a li Waste Originate in	ion Waste. Does to complete F.13 the list of sites and the gin. Describe the note the next five years	the treatment wo rough F.15.) requested inform site and type of f	rks currently (or has it been notified to the second of th	hat it will) receive waste fi and future site. or other remedial waste or	iginates (or is expected to
12.	Remediati Yes Provide a li Waste Originate in	ion Waste. Does to complete F.13 the list of sites and the gin. Describe the note the next five years	the treatment wo rough F.15.) requested inform site and type of frs).	rks currently (or has it been notified to the second of th	hat it will) receive waste fi and future site. or other remedial waste or	iginates (or is expected to
13.	Remediati Yes Provide a li Waste Originate in	ion Waste. Does to complete F.13 the list of sites and the gin. Describe the note the next five years. List the hazardon	the treatment wo rough F.15.) requested inform site and type of frs).	rks currently (or has it been notified to the second of th	hat it will) receive waste fi and future site. or other remedial waste or	iginates (or is expected to
13.	Remediati Yes Provide a li Waste Originate in	ion Waste. Does to complete F.13 the list of sites and the gin. Describe the note the next five years. List the hazardon	the treatment wo rough F.15.) requested inform site and type of frs).	rks currently (or has it been notified to the second of th	hat it will) receive waste fi and future site. or other remedial waste or	iginates (or is expected to
13.	Remediati Yes Provide a li Waste Originate in	ion Waste. Does to complete F.13 the list of sites and the gin. Describe the note the next five years. List the hazardon	the treatment wo rough F.15.) requested inform site and type of frs).	rks currently (or has it been notified to the second of th	hat it will) receive waste fi and future site. or other remedial waste or	iginates (or is expected to
	Remediati Yes Provide a li Waste Originate in	ion Waste. Does to complete F.13 the list of sites and the ligin. Describe the name the next five years. List the hazardouttach additional should be completed as the light of the light o	the treatment wo rough F.15.) requested inform site and type of frs).	rks currently (or has it been notified to the second of th	hat it will) receive waste fi and future site. or other remedial waste or	iginates (or is expected to
13.	Remediati Yes Provide a li Waste Originate in Pollutants known. (At	ion Waste. Does to complete F.13 the list of sites and the gin. Describe the note in the next five years. List the hazardouttach additional she watment.	the treatment wo rough F.15.) requested inform site and type of frs).	rks currently (or has it been notified to the second of th	hat it will) receive waste fr and future site. or other remedial waste or received). Include data or	iginates (or is expected to
13.	Remediati Yes Provide a li Waste Originate in Pollutants known. (At	ion Waste. Does to complete F.13 the list of sites and the gin. Describe the note in the next five years. List the hazardouttach additional she watment.	the treatment wo rough F.15.) requested inform site and type of frs).	rks currently (or has it been notified to X No nation (F.13 - F.15.) for each current facility at which the CERCLA/RCRA/dent are received (or are expected to ref).	hat it will) receive waste fr and future site. or other remedial waste or received). Include data or	iginates (or is expected to
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112. - 113. - - - 114.	Remediati Yes Provide a li Waste Originate in Pollutants known. (At	ion Waste. Does to complete F.13 the list of sites and the list of sites and the gin. Describe the nathe next five years. List the hazardouttach additional she waste treated (o Yes	the treatment wo rough F.15.) requested inform site and type of f s). rus constituents the eets if necessary	rks currently (or has it been notified toXNo	hat it will) receive waste for and future site. or other remedial waste or received). Include data or received.	iginates (or is expected to
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12. - 13. - - - - - - - - -	Remediati Yes Provide a li Waste Ori originate in Pollutants known. (Al Waste Trea a. Is thi	ion Waste. Does to complete F.13 the list of sites and the gin. Describe the nathenator the next five years. List the hazardor trach additional shows the complete the treated to yes as, describe the treated to the discharge (or will not be a set of the sites and the sites and the sites are the sites and the sites are the sites are the sites and the sites are the	the treatment woorough F.15.) requested informative and type of first. rus constituents the eets if necessary or will it be treated. No atment (provide in the discharge better the discharge better the discharge better the treatment of the treatment of the discharge better the treatment of the trea	rks currently (or has it been notified to X No nation (F.13 - F.15.) for each current facility at which the CERCLA/RCRA/defact are received (or are expected to ref). Information about the removal efficiency continuous or intermittent?	hat it will) receive waste for and future site. or other remedial waste or received). Include data or received).	iginates (or is expected to
12.	Remediati Yes Provide a li Waste Ori originate in Pollutants known. (Al Waste Trea a. Is thi	ion Waste. Does to complete F.13 the list of sites and the gin. Describe the nother next five years to be complete. List the hazardor attach additional she waste treated (or yes so, describe the treates.	the treatment woorough F.15.) requested informative and type of first. rus constituents the eets if necessary or will it be treated. No atment (provide in the discharge better the discharge better the discharge better the treatment of the treatment of the discharge better the treatment of the trea	rks currently (or has it been notified to X No nation (F.13 - F.15.) for each current facility at which the CERCLA/RCRA/defact are received (or are expected to ref). Information about the removal efficiency continuous or intermittent?	hat it will) receive waste for and future site. or other remedial waste or received). Include data or received.	iginates (or is expected to

FACILITY NAME AND PERMIT NUMBER:
Western Virginia Water Authority Water Pollution Control Plant;

Form Approved 1/14/99

	025020	monty water Polition Contro	riant;		OMB Number 2040-0086
SU	JPREEMENTA	L'APPLICATION!	NFORM	ATION:	
io)Aire	orkevsiniaisiosepims	USER DISCHARGES AN	IDWD (QIDW) (AI		
					RCLA, or other remedial wastes must/complete Ran
		TOTAL TRANSPORT			
GEN	NERAL INFORMAT	ION:			M & Sires Very Street A VI Rema Seas
F.1.	Pretreatment Progr	am. Does the treatment works h	nave, or is it sub	eject to, an approved pr	etreatment program?
	XYes	No			AUG 2 2 2008
					A00 2 2 2000
F.2.				rial Users (CIUs). Prov	ide the number of each of the following types of
		lischarge to the treatment works on-categorical SIUs.	19		DEQ-WCRO
	b. Number of C	-	22		
		RIAL USER INFORMATION			
	ily the following inform ide the information req		an one SIU dis	charges to the treatm	ent works: copy questions F:3;through F.8;and
			Particular Control of the Control of		o grand a mentione 1944 and 1944 and 1944 and 1954 and 19 The control of the control of
F.3.	Significant Industria pages as necessary.	Il User Information. Provide th	e name and ad	dress of each SIU disch	narging to the treatment works. Submit additional
	pages as necessary.				
	Name:	Accellent Cardiology			
	Mailing Address:	200 South Yorkshire Street			
Ī		Salem, VA 24153			
F.4.		s. Describe all of the industrial p		iffect or contribute to the	e SIU's discharge.
	wanufacturer of mic	rotube, fine wire, and machine	eα parts		
F.5.	Principal Product(s) discharge.	and Raw Material(s). Describe	all of the princ	ipal processes and raw	materials that affect or contribute to the SIU's
	Principal product(s):	Non-ferrous tube, wire, and	machinad can	monorte	
	r morpar productoy.	nton-terrous tabe, wire, and	maoninea oon	iponents	
	Raw material(s):	Non-ferrous metals, lubrica	nts, solvents, o	cleaners, abrasives, a	cids, and bases
F.6.	Flow Rate.				
		ewater flow rate. Indicate the avant whether the discharge is co		•	ater discharged into the collection system in gallons
	~600	•	us or X intern		
		_			
		wastewater flow rate. Indicate the ons per day (gpd) and whether t	,	•	s wastewater flow discharged into the collection ent.
	1,100	gpd (X continu	-		
	<u> </u>	_		•	
F.7.	Pretreatment Standa	irds. Indicate whether the SIU is	s subject to the	following:	
	a. Local limits	-	X Yes	No	
	b. Categorical p	retreatment standards X	Yes	No	
	•	al pretreatment standards, which	category and s	subcategory?	
	40 CFR 433 (Metal F	nisning)			

	ITY NAME A	ND FERMIT IN					. 0.1.1.7.	pproved 1/14/9	-
Weste	ern Virginia \	Vater Authority	y Water Pollutio	on Control Plant; VA	0025020		OMB N	umber 2040-00	86
-				outed to Waste Disch	• •	Has the SIU cau	used or contrib	uted to any pro	blems (e
F.8.	upsets, inte	rnerence) at the X No		s in the past three yea es, describe each epi					
			ii y	es, describe each epi	soue.				
RCR/	A HAZARD	OUS WASTE	RECEIVED B	Y TRUCK, RAIL, O	R DEDICATED PI	PELINE:			- 1/A 1/A
F.9.	RCRA Was	te. Does the tr	eatment works r	eceive or has it in the	past three years rec	eived RCRA-ha	zardous waste	e by truck, rail,	or dedica
	pipe?						W.C.	EVED	
		_Yes _X	No (go to F.	.12.)				the first house the factor to have being a market to be desired by	7
- 40	Masta Tas	ammut Mathae	l hoodish DOD	8	b = =1, =11	-	Alle o	. 2 2000	
F.10.		-		A waste is received (c			M00 Z	. Z 4933	
	——Truc	· —	Rail	Dedicate	a ripe		the second of th	and bracks are said the section of the sections of the section of]
F.11.	Waste Des	cription. Give	FPA hazardous	waste number and ar	nount (volume or ma	ss. specify-units	DEC.	WCRO	1
		dous Waste Nu		Amount			nits	A DAY OF THE PARTY NAMED IN COMPANY OF THE PARTY OF	
								•	
						_		1	
									
	`								
	•	•		CRA REMEDIATIO		ACTION			
	•	•		CRA REMEDIATION		ACTION			
WAS	TEWATER,	AND OTHER	REMEDIAL A	CTIVITY WASTEW	/ATER:	1152	waste from ren	nedial activities	?
WAS	Remediation	AND OTHER	REMEDIAL A	CTIVITY WASTEW	/ATER: s it been notified that	1152	waste from ren	nedial activities	?
	Remediation	and OTHER on Waste. Doe complete F.13	REMEDIAL A s the treatment of through F.15.)	CTIVITY WASTEW works currently (or had	/ATER: s it been notified that No	it will) receive v	waste from ren	nedial activities	?
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2A YOU MUST COMPLETE

Form Approved 1/14/99

West	ern Virg	ginia Water Auf	thority Water Pollution Control Plant;	
1	25020	3	•	OMB Number 2040-0086
SU	PPL	EMENTA	ALAPPLICATION INFORMA	ATION
			USER/DISCHARGES AND RCRA/GE	
All trea	ätment	works receiving		which receive RCRAs CERCLA sor other remedial wastes must complete Part-
GEN	ERAL	_ INFORMAT		
F.1.	Pretr	eatment Progra	am. Does the treatment works have, or is it sub	ect to, an approved pretreatment program?
	х	Yes	No	
			- .	
F.2.	Numl	ber of Significan	it Industrial Users (SIUs) and Categorical Indust	rial Users (CIUs). Provide the number of each of the following types of
			discharge to the treatment works.	
	a.	Number of no	on-categorical SIUs. 19	
1	b.	Number of Cl	IUs. <u>22</u>	
	·······	TOUGH! THE	THE HOLD INCODERATION.	
TO THE STATE OF	No SERVICE CO	位于1980年1981年1981年1	RIAL USER INFORMATION:	
				charges to the treatment works, copy/questions F.3 through F.8 and 🙉
provid	e the ii	nformation req	uested for each SIU:	
F.3.	Signi	ificant Industria	al User Information. Provide the name and ad-	dress of each SIU discharging to the treatment works. Submit additional
	_	s as necessary.		
	Name	∌ :	Advanced Metal Finshing	
	Mailin	ng Address:	523 Norfolk Avenue	
			Roanoke, VA 24016	
F.4.	indus	strial Processes	s. Describe all of the industrial processes that a	iffect or contribute to the SIU's discharge.
			charge, Sanitary Only	
		,=-		
F.5.	Drine	inal Product(s)	and Pau Material(s) Describe all of the princ	ipal processes and raw materials that affect or contribute to the SIU's
	discha		and Naw Material(s). Describe an orthoprino	spail processes and raw materials that affect of contribute to the old o
	Princi	ipal product(s):	Electro, hydro pneumatic devices	
	Raw r	material(s):	Gold, silver, nickel, palladium, rhodium an	d copper
- c	Flour	Data		
F.6.	Flow I		oweter flow rate. Indicate the average daily volu	ume of process wastewater discharged into the collection system in gallons
	~.		and whether the discharge is continuous or inte	, , , , , , , , , , , , , , , , , , , ,
		• • •	gpd (continuous orinterm	
				·
	b.	Non-process	wastewater flow rate. Indicate the average daily	y volume of non-process wastewater flow discharged into the collection
i			lons per day (gpd) and whether the discharge is	
Ì			and / continuous or inte	
			gpd (continuous or inte	ermittent)
	Dente	-t	hadisets whether the CIII is subject to the	*.n
F.7.			ards. Indicate whether the SIU is subject to the	
	a. b.	Local limits Categorical or	retreatment standards X Yes	No No
	υ.	Categorical pr	etieatillelit statitualus	140
	if subj	iect to categoric	al pretreatment standards, which category and s	subcategory?
	-	- FR 433 (Metal Fi		

Veste					Plant; VA0025020			MB Number 2040-0086
٠.						the SIU. Has t	the SIU caused or c	contributed to any problems
·.8.	upse		at the treatment v					
		_Yes <u>X</u>	_ ^{NO}	if yes, describ	e each episode.			
		•						
RCRA	HAZ	ARDOUS WA	STE RECEIVED	BY TRUCK,	RAIL, OR DEDIC	ATED PIPEL	INE:	
		4 M/	41					
.9.	pipe?		the treatment wo	rks receive or n	as it in the past three	years received	a RCRA nazardous	waste by truck, rail, or dedi
	• •		X No (go	to F.12.)				
				,				•
.10.	Wast	e Transport. M	lethod by which R	CRA waste is r	eceived (check all tha	at apply):		
		Truck	Rail		Dedicated Pipe			
		-			-			
.11.	Wast	e Description.	Give EPA hazard	lous waste num	ber and amount (volu	ıme or mass, s	specify units).	
	EPA	Hazardous Was	te Number		<u>Amount</u>		<u>Units</u>	
						_		
						_		
ERC	LA (S	UPERFUND)	WASTEWATER	R, RCRA REM	IEDIATION/CORR	ECTIVE ACT	ION	
	'EWA'	TED AND OT						
	Reme	ediation Waste. Yes (complete	Does the treatm	ent works curre 5.)	ently (or has it been not with the second of			om remedial activities?
.12.	Reme Provid	ediation Waste. Yes (complete de a list of sites	Does the treatm F.13 through F.15 and the requested ribe the site and ty	ent works curre 5.) I information (F	ntly (or has it been no X No .13 - F.15.) for each o	current and fut	ure site.	om remedial activities?
.12.	Reme Provid	ediation Waste. Yes (complete de a list of sites e Origin. Descr	Does the treatm F.13 through F.15 and the requested ribe the site and ty	ent works curre 5.) I information (F	ntly (or has it been no X No .13 - F.15.) for each o	current and fut	ure site.	
.12.	Provid Wast origin	ediation Waste. Yes (complete de a list of sites e Origin. Descrate in the next fi	Does the treatm F.13 through F.15 and the requested ribe the site and ty we years).	ent works curre 5.) I information (F /pe of facility at	ntly (or has it been not a Not	current and fute	ure site. remedial waste orig	ginates (or is expected to
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12. 13.	Provide Waste origin	ediation Waste. Yes (complete de a list of sites e Origin. Descrate in the next fi	Does the treatmer. F.13 through F.15 and the requested ribe the site and tyive years).	ent works curre 5.) I information (F pe of facility at uents that are re	ntly (or has it been not a Not	current and fute	ure site. remedial waste orig	ginates (or is expected to
12. 13.	Provide Waste origin	ediation Waste. Yes (complete de a list of sites e Origin. Descrate in the next fi	Does the treatmer. F.13 through F.15 and the requested ribe the site and tyive years).	ent works curre 5.) I information (F pe of facility at uents that are re	ntly (or has it been not a Not	current and fute	ure site. remedial waste orig	ginates (or is expected to
13. 14.	Provide Waste origin Pollur known	ediation Waste. Yes (complete de a list of sites e Origin. Descriate in the next fi tants. List the in. (Attach addition	Does the treatmer. F.13 through F.15 and the requested ribe the site and tyive years).	ent works curre 5.) I information (F /pe of facility at uents that are re essary).	ntly (or has it been not X No .13 - F.15.) for each of which the CERCLA/F	current and fute	ure site. remedial waste orig	ginates (or is expected to
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FACILITY NAME AND PERMIT NUMBER: Form Approved 1/14/99 Western Virginia Water Authority Water Pollution Control Plant; VA0025020 OMB Number 2040-0086 SUPPLEMENTAL APPLICATION INFORMATION PARTIFIZINDUSTRIALEUSERIDISCHARGESJANDIRGRAVGERGLAWASTIES Allitreatment works receiving discharges from significant industrial users of which receive RGRA. CERGIA, or other remedial waste **GENERAL INFORMATION:** Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program? F.1. X Yes F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works. Number of non-categorical SIUs. 19 Number of CIUs. SIGNIFICANT INDUSTRIAL USER INFORMATION: Supply the following information for each SIU: If more than one SIU/discharges to the treatment works; copy questions F.3 through F.8 and provide the information requested for each SIU. F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages Name: Akzo Nobel Mailing Address: 2837 Roanoke Avenue Roanoke, VA 24015 F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge. Categorical Non-discharge Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's F.5. discharge. Principal product(s): Solvent-based Coatings and Water-based Coatings Raw material(s): Paints, Stains, and Laquers F.6. Flow Rate. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. 4,300 continuous or X intermittent) Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system b. in gallons per day (gpd) and whether the discharge is continuous or intermittent. gpd _continuous or _____ intermittent)

No

Categorical pretreatment standards

F.7.

a.

b.

Local limits

40 CFR 446 (Paint Formulating)

Pretreatment Standards. Indicate whether the SIU is subject to the following:

If subject to categorical pretreatment standards, which category and subcategory?

Veste		Form Approved 1/14/99
	ern Virginia Water Authority Water Pollution Control Plant; VA0025020	OMB Number 2040-0086
.8.	Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has upsets, interference) at the treatment works in the past three years?	
	Yes X No If yes, describe each episode.	
CR/	A HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPE	LINE:
9.	RCRA Waste. Does the treatment works receive or has it in the past three years receive	red RCRA hazardous waste by truck, rail, or dedic
	pipe?YesX _ No (go to F.12.)	
10.	Waste Transport. Method by which RCRA waste is received (check all that apply):	
	Truck Rail Dedicated Pipe	
11.	Waste Description. Give EPA hazardous waste number and amount (volume or mass,	, specify units).
	EPA Hazardous Waste Number Amount	<u>Units</u>
		
	LA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE AC	CTION
<u>(ST</u>	EWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:	
	Yes (complete F.13 through F.15.) X No Provide a list of sites and the requested information (F.13 - F.15.) for each current and fu	will) receive waste from remedial activities? uture site.
3.		uture site.
3.	Provide a list of sites and the requested information (F.13 - F.15.) for each current and full waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other	uture site.
3 .	Provide a list of sites and the requested information (F.13 - F.15.) for each current and full waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other	uture site. er remedial waste originates (or is expected to
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	ern Virginia Water Au	uthority Water Pollution Control Plant; VA0025020 OMB Number 2040-0086
SU	PRUEMENTA	AL APPLICATION INFORMATION
PAR	TENNOUSTRIA	LUSER DISCHARGES AND REPARCERCLA WASTES
	alment workstreceiving	groschärges from significant industrial users or which receive IRCRA (CERGEA) or other remedial wastes musticomplete R
	IERAL INFORMA	
.1.	Pretreatment Prog	ram. Does the treatment works have, or is it subject to, an approved pretreatment program?
	XYes	No
•		
.2.	-	nt Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of discharge to the treatment works.
	a. Number of n	non-categorical SIUs. 19
	b. Number of C	CIUs22
IGN	NIFICANT INDUST	TRIAL USER INFORMATION:
uppl	y the following inform	nation for each SIU: If more than one SIU discharges to the treatment works; copy questions F3 through F8 and quested for each SIU.
	descriesimo matro med	Hatelten in each oin the same which are a second and the same second as the same second and the same second an
3.	Significant Industri as necessary.	ial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional p
	•	
	Name:	Allied Tool
	Mailing Address:	3362 Shenandoah Avenue, N.W.
	,	Roanoke, VA 24017
4.		es. Describe all of the industrial processes that affect or contribute to the SIU's discharge.
4.	Industrial Processe Phosphatizing	
	Phosphatizing Principal Product(s	
	Phosphatizing	es. Describe all of the industrial processes that affect or contribute to the SIU's discharge.
	Phosphatizing Principal Product(s	es. Describe all of the industrial processes that affect or contribute to the SIU's discharge. s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's
	Principal Product(s discharge. Principal product(s):	es. Describe all of the industrial processes that affect or contribute to the SIU's discharge. and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Electrical Cabinets, Panels, Solving, Brackets
	Phosphatizing Principal Product(s discharge.	es. Describe all of the industrial processes that affect or contribute to the SIU's discharge. s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's
5.	Principal Product(s discharge. Principal product(s): Raw material(s):	es. Describe all of the industrial processes that affect or contribute to the SIU's discharge. e) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Electrical Cabinets, Panels, Solving, Brackets Sheet Metal
5.	Principal Product(s discharge. Principal product(s): Raw material(s): Flow Rate. a. Process was	es. Describe all of the industrial processes that affect or contribute to the SIU's discharge. and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Electrical Cabinets, Panels, Solving, Brackets
5.	Principal Product(s discharge. Principal product(s): Raw material(s): Flow Rate. a. Process was	es. Describe all of the industrial processes that affect or contribute to the SIU's discharge. e) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Electrical Cabinets, Panels, Solving, Brackets Sheet Metal stewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallon
5.	Principal Product(s discharge. Principal product(s): Raw material(s): Flow Rate. a. Process was day (gpd) an 300	es. Describe all of the industrial processes that affect or contribute to the SIU's discharge. s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Electrical Cabinets, Panels, Solving, Brackets Sheet Metal stewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in galloned whether the discharge is continuous or intermittent.
5.	Principal Product(s discharge. Principal product(s): Raw material(s): Flow Rate. a. Process was day (gpd) an 300 b. Non-process in gallons pe	es. Describe all of the industrial processes that affect or contribute to the SIU's discharge. S) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Electrical Cabinets, Panels, Solving, Brackets Sheet Metal Stewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallon of whether the discharge is continuous or intermittent. gpd (
5.	Principal Product(s discharge. Principal product(s): Raw material(s): Flow Rate. a. Process was day (gpd) an 300 b. Non-process	es. Describe all of the industrial processes that affect or contribute to the SIU's discharge. S) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Electrical Cabinets, Panels, Solving, Brackets Sheet Metal Stewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallon discharge is continuous or intermittent. gpd (continuous or Xintermittent) s wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection systems.
5. 6.	Principal Product(s discharge. Principal product(s): Raw material(s): Flow Rate. a. Process was day (gpd) an 300 b. Non-process in gallons pe 60	es. Describe all of the industrial processes that affect or contribute to the SIU's discharge. S) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Electrical Cabinets, Panels, Solving, Brackets Sheet Metal Stewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallon and whether the discharge is continuous or intermittent. gpd (continuous orXintermittent) s wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system or day (gpd) and whether the discharge is continuous or intermittent.
4. 5.	Principal Product(s discharge. Principal product(s): Raw material(s): Flow Rate. a. Process was day (gpd) an 300 b. Non-process in gallons pe 60	as. Describe all of the industrial processes that affect or contribute to the SIU's discharge. a) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Electrical Cabinets, Panels, Solving, Brackets Sheet Metal stewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallon discharge is continuous or intermittent. gpd (continuous or X_intermittent) stewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system or day (gpd) and whether the discharge is continuous or intermittent. gpd (continuous or intermittent)

	ITY NAME AND PERMIT NUMBER:	I	For	
Weste	ern Virginia Water Authority Water Pollution Control Plant; VA0025020		ОМ	IB Number 2040-0086
	Problems at the Treatment Works Attributed to Waste Discharged by	the SIU. Has		
.8.	upsets, interference) at the treatment works in the past three years?			
	Yes X No If yes, describe each episode.			
CRA	A HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDIC	ATED PIPEL	INE:	
÷.9.	RCRA Waste. Does the treatment works receive or has it in the past three	e vears receive	d RCRA hazardous w	aste by truck, rail, or dedic
	pipe?	- ,		,,,
	Yes X No (go to F.12.)			
.10.	Waste Transport. Method by which RCRA waste is received (check all the	nat apply):		
	Truck Rail Dedicated Pipe			
	`			
.11.	Waste Description. Give EPA hazardous waste number and amount (vol	lume or mass	snecify units).	•
••••	EPA Hazardous Waste Number Amount	,	Units	
	LI A Hazardous Waste Humber		Onta	
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		-		
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FDC	CLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORF	PECTIVE ACT		
LING		CCCLIVE ACI		
	Remediation Waste. Does the treatment works currently (or has it been removed in the complete F.13 through F.15.) Provide a list of sites and the requested information (F.13 - F.15.) for each			remedial activities?
.12.	Remediation Waste. Does the treatment works currently (or has it been r	current and fut	ure site.	
.12.	Remediation Waste. Does the treatment works currently (or has it been removed. Yes (complete F.13 through F.15.) Provide a list of sites and the requested information (F.13 - F.15.) for each Waste Origin. Describe the site and type of facility at which the CERCLA	current and fut	ure site.	
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Western Virginia Water Authority Water Pollution Control Plant; VA0025020 Form Approved 1/14/99

OMB Number 2040-0086

SUPPLEMENTALAPPLICATION/INFORMATION

PARTIFIXINDUSTRIA EUSERIDIS GHARGESYAND A CRAVCER CLA WASTIES **GENERAL INFORMATION:** Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program? X Yes F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works. Number of non-categorical SIUs. 19 a. b. Number of CIUs. 22 SIGNIFICANT INDUSTRIAL USER INFORMATION: Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 (through F.8 and provide the information requested for each SIU. F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary. Name: **ALSCO Incorporated** Mailing Address: 3401 Shenandoah Avenue, N.W Roanoke, VA 24033 Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge. F.4. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's F.5. discharge. Principal product(s): Commercial Laundry Raw material(s): **Detergents, Softeners** F.6. Flow Rate. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. 75,900 (X continuous or intermittent) gpd Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection b. system in gallons per day (gpd) and whether the discharge is continuous or intermittent. gpd _continuous or _____ intermittent) F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following: a. Local limits b. Categorical pretreatment standards If subject to categorical pretreatment standards, which category and subcategory?

		ı	Form Approved 1/14/99
este	rn Virc	ginia Water Authority Water Pollution Control Plant; VA0025020	OMB Number 2040-0086
	Prob	elems at the Treatment Works Attributed to Waste Discharged by the SiU. Has ts, interference) at the treatment works in the past three years?	
		Yes X No If yes, describe each episode.	
	_		
R/	HAZ	ARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPEL	LINE:
	RCR/ pipe?	A Waste. Does the treatment works receive or has it in the past three years receive Yes X No (go to F.12.)	ed RCRA hazardous waste by truck, rail, or dedica
0.	Wast	te Transport. Method by which RCRA waste is received (check all that apply):	
1.	Wast	te Description. Give EPA hazardous waste number and amount (volume or mass,	specify units).
	<u>EPA I</u>	Hazardous Waste Number Amount	<u>Units</u>
			
~~	7.75	UPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACT	TONIL
		TER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:	TION
2.		ediation Waste. Does the treatment works currently (or has it been notified that it we Yes (complete F.13 through F.15.) X No No de a list of sites and the requested information (F.13 - F.15.) for each current and fut	
	Provid	Yes (complete F.13 through F.15.) X No	ture site.
	Provid	Yes (complete F.13 through F.15.) X No de a list of sites and the requested information (F.13 - F.15.) for each current and fut e Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other	ture site.
3.	Provide Waste original Polluti	Yes (complete F.13 through F.15.) X No de a list of sites and the requested information (F.13 - F.15.) for each current and fut e Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other	ture site. r remedial waste originates (or is expected to
3.	Provide Waste original Pollut known	Yes (complete F.13 through F.15.) de a list of sites and the requested information (F.13 - F.15.) for each current and fut e Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other ate in the next five years). tants. List the hazardous constituents that are received (or are expected to received in (Attach additional sheets if necessary).	ture site. r remedial waste originates (or is expected to
3. 4.	Provide Waste original Pollut known	Yes (complete F.13 through F.15.) X No de a list of sites and the requested information (F.13 - F.15.) for each current and fut e Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other ate in the next five years). tants. List the hazardous constituents that are received (or are expected to received n. (Attach additional sheets if necessary).	ture site. r remedial waste originates (or is expected to
3. 4.	Provide Waste original Pollut known	Yes (complete F.13 through F.15.) de a list of sites and the requested information (F.13 - F.15.) for each current and fut e Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other ate in the next five years). tants. List the hazardous constituents that are received (or are expected to received in (Attach additional sheets if necessary).	ture site. r remedial waste originates (or is expected to
3 .	Provide Waste original Pollut known	Yes (complete F.13 through F.15.) X No de a list of sites and the requested information (F.13 - F.15.) for each current and fut e Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other ate in the next five years). tants. List the hazardous constituents that are received (or are expected to received. (Attach additional sheets if necessary). e Treatment. Is this waste treated (or will it be treated) prior to entering the treatment works?	ture site. r remedial waste originates (or is expected to
3.	Provide Waste original Pollut known	Yes (complete F.13 through F.15.) X No de a list of sites and the requested information (F.13 - F.15.) for each current and fut e Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other ate in the next five years). tants. List the hazardous constituents that are received (or are expected to receiver in. (Attach additional sheets if necessary). e Treatment. Is this waste treated (or will it be treated) prior to entering the treatment works? YesNo	ture site. r remedial waste originates (or is expected to
 3. 4. 	Provide Waste original Pollut known	Yes (complete F.13 through F.15.) de a list of sites and the requested information (F.13 - F.15.) for each current and fut to e Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other atte in the next five years). tants. List the hazardous constituents that are received (or are expected to received n. (Attach additional sheets if necessary). e Treatment. Is this waste treated (or will it be treated) prior to entering the treatment works? Yes No If yes, describe the treatment (provide information about the removal efficiency): Is the discharge (or will the discharge be) continuous or intermittent?	ture site. r remedial waste originates (or is expected to
3. 4.	Provide Waste original Pollut known	Yes (complete F.13 through F.15.) Let a list of sites and the requested information (F.13 - F.15.) for each current and fut the Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other atte in the next five years). List the hazardous constituents that are received (or are expected to received in. (Attach additional sheets if necessary). Treatment. Is this waste treated (or will it be treated) prior to entering the treatment works? Yes No If yes, describe the treatment (provide information about the removal efficiency):	ture site. r remedial waste originates (or is expected to

Western Virginia Water Authority Water Pollution Control Plant; VA0025020

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CEA	eatment works receivi	ngidischarges from significant industrial users of which receive RCRA CERCLA of other remedial wastes must complete P
<u>'=!\</u>	NERAL INFORMA	
.1.	Pretreatment Pro	gram. Does the treatment works have, or is it subject to, an approved pretreatment program?
	X Yes	No
.2.		ant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of
		t discharge to the treatment works. non-categorical SIUs. 19
	b. Number of	
		TRIAL USER INFORMATION: matter for each SIUMI/more than one SIU discharges to the treatment works copy questions F38 in ough F38 and
		equested for each SIU.
.3.	Significant Indust	rial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional
	pages as necessar	
	Name:	Aramark Uniform Service
	Mailing Address:	905 South Pollard Street
		Vinton, VA 24179
.4.	Industrial Process	ses. Describe all of the industrial processes that affect or contribute to the SIU's discharge.
	Washing	
.5.		(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's
.5.	Principal Product	
.5.	Principal Producted discharge.	
·.5.	Principal Producted discharge.	
	Principal Producted discharge. Principal product(s): Raw material(s):	Industrial Laundry
	Principal Product(discharge. Principal product(s): Raw material(s): Flow Rate. a. Process wa	Industrial Laundry Detergents and Softeners Industrial Laundry Detergents and Softeners Industrial Laundry Indus
	Principal Product(s) Principal product(s) Raw material(s): Flow Rate. a. Process was per day (gp	Detergents and Softeners Industrial Laundry Detergents and Softeners Instewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallon d) and whether the discharge is continuous or intermittent.
	Principal Product(discharge. Principal product(s): Raw material(s): Flow Rate. a. Process wa	Detergents and Softeners Industrial Laundry Detergents and Softeners Instewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallor d) and whether the discharge is continuous or intermittent.
	Principal Product(s) Principal product(s) Raw material(s): Flow Rate. a. Process wa per day (gp 69,000 b. Non-proces	Detergents and Softeners Industrial Laundry Detergents and Softeners Instewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallor d) and whether the discharge is continuous or intermittent.
	Principal Product(s) Principal product(s) Raw material(s): Flow Rate. a. Process wa per day (gp 69,000 b. Non-proces	Detergents and Softeners Industrial Laundry Detergents and Softeners Instewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallor d) and whether the discharge is continuous or intermittent. gpd (Xcontinuous orintermittent) Instewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection
.6.	Principal Product(s) discharge. Principal product(s) Raw material(s): Flow Rate. a. Process wa per day (gp 69,000 b. Non-proces system in g 1,800	Detergents and Softeners Industrial Laundry Detergents and Softeners Indicate the average daily volume of process wastewater discharged into the collection system in gallor of and whether the discharge is continuous or intermittent. gpd (Xcontinuous orintermittent) Is wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection allons per day (gpd) and whether the discharge is continuous or intermittent. gpd (Xcontinuous or intermittent)
€.6.	Principal Producted discharge. Principal product(s): Raw material(s): Flow Rate. a. Process we per day (gp 69,000 b. Non-process system in g 1,800 b. Pretreatment Stan	Detergents and Softeners Indicate the average daily volume of process wastewater discharged into the collection system in gallon d) and whether the discharge is continuous or intermittent. gpd (Xcontinuous orintermittent) Is wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection allons per day (gpd) and whether the discharge is continuous or intermittent. gpd (Xcontinuous or intermittent) dards. Indicate whether the SIU is subject to the following:
£.6.	Principal Product(s) Principal product(s) Raw material(s): Flow Rate. a. Process wa per day (gp 69,000 b. Non-proces system in g 1,800 Pretreatment Stan a. Local limits	Detergents and Softeners Indicate the average daily volume of process wastewater discharged into the collection system in gallor d) and whether the discharge is continuous or intermittent. gpd (Xcontinuous orintermittent) Is wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection allons per day (gpd) and whether the discharge is continuous or intermittent. gpd (Xcontinuous or intermittent) dards. Indicate whether the SIU is subject to the following:
6.	Principal Product(s) Principal product(s) Raw material(s): Flow Rate. a. Process wa per day (gp 69,000 b. Non-proces system in g 1,800 Pretreatment Stan a. Local limits	Detergents and Softeners Industrial Laundry Detergents and Softeners Indicate the average daily volume of process wastewater discharged into the collection system in gallon of and whether the discharge is continuous or intermittent. gpd (Xcontinuous orintermittent) Is wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection allons per day (gpd) and whether the discharge is continuous or intermittent. gpd (Xcontinuous or intermittent) dards. Indicate whether the SIU is subject to the following: No

1	ITY NAME AND PERMIT NUMBER:	Form Approved 1/14/99
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	Problems at the Treatment Works Attributed to Waste Discharged by the SIU.	
.8.	upsets, interference) at the treatment works in the past three years?	
	Yes X No If yes, describe each episode.	
RCR/	A HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PI	PELINE:
F.9.	RCRA Waste. Does the treatment works receive or has it in the past three years rec	eived RCRA hazardous waste by truck, rail, or dedicate
	pipe?	or a control of the c
	YesX No (go to F.12.)	
F.10.	Waste Transport. Method by which RCRA waste is received (check all that apply):	
	Truck Rail Dedicated Pipe	
	Truck Trail Dedicated Lipe	
	181-st- Paradation Circ EDA harmonic marks a make a mark (values as mark)	angelé (unita)
7.11.	Waste Description. Give EPA hazardous waste number and amount (volume or ma	
	EPA Hazardous Waste Number Amount	<u>Units</u>
	LA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE	ACTION
WAS	TEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:	
	Yes (complete F.13 through F.15.) X No Provide a list of sites and the requested information (F.13 - F.15.) for each current and	: it will) receive waste from remedial activities?
.13.	Yes (complete F.13 through F.15.)	d future site.
.13.	Yes (complete F.13 through F.15.) Provide a list of sites and the requested information (F.13 - F.15.) for each current and Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or or	d future site.
.13.	Yes (complete F.13 through F.15.) Provide a list of sites and the requested information (F.13 - F.15.) for each current and Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or or	d future site.
	Yes (complete F.13 through F.15.) Provide a list of sites and the requested information (F.13 - F.15.) for each current and Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or originate in the next five years).	d future site. other remedial waste originates (or is expected to
	Yes (complete F.13 through F.15.) Provide a list of sites and the requested information (F.13 - F.15.) for each current and the site and type of facility at which the CERCLA/RCRA/or configurate in the next five years). Pollutants. List the hazardous constituents that are received (or are expected to received)	d future site. other remedial waste originates (or is expected to
	Yes (complete F.13 through F.15.) Provide a list of sites and the requested information (F.13 - F.15.) for each current and Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or originate in the next five years).	d future site. other remedial waste originates (or is expected to
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·.14.	Yes (complete F.13 through F.15.) Provide a list of sites and the requested information (F.13 - F.15.) for each current and Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or coriginate in the next five years). Pollutants. List the hazardous constituents that are received (or are expected to recknown. (Attach additional sheets if necessary).	d future site. other remedial waste originates (or is expected to
·.14.	Yes (complete F.13 through F.15.) Provide a list of sites and the requested information (F.13 - F.15.) for each current and twaste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or coriginate in the next five years). Pollutants. List the hazardous constituents that are received (or are expected to receive known. (Attach additional sheets if necessary). Waste Treatment.	d future site. other remedial waste originates (or is expected to
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=.13. =.14. =.15.	Yes (complete F.13 through F.15.) Provide a list of sites and the requested information (F.13 - F.15.) for each current and Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or coriginate in the next five years). Pollutants. List the hazardous constituents that are received (or are expected to recknown. (Attach additional sheets if necessary). Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment works?	d future site. other remedial waste originates (or is expected to
- .14.	Yes (complete F.13 through F.15.) Provide a list of sites and the requested information (F.13 - F.15.) for each current and Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or coriginate in the next five years). Pollutants. List the hazardous constituents that are received (or are expected to recknown. (Attach additional sheets if necessary). Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment works?	d future site. other remedial waste originates (or is expected to
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·.14.	Provide a list of sites and the requested information (F.13 - F.15.) for each current and Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or originate in the next five years). Pollutants. List the hazardous constituents that are received (or are expected to recknown. (Attach additional sheets if necessary). Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment works? Yes No If yes, describe the treatment (provide information about the removal efficiency).	d future site. other remedial waste originates (or is expected to eived). Include data on volume and concentration, if
·.14.	Yes (complete F.13 through F.15.) Provide a list of sites and the requested information (F.13 - F.15.) for each current and Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or coriginate in the next five years). Pollutants. List the hazardous constituents that are received (or are expected to receive known. (Attach additional sheets if necessary). Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment works? Yes No If yes, describe the treatment (provide information about the removal efficiency) b. Is the discharge (or will the discharge be) continuous or intermittent? Continuous Intermittent If intermittent, described in the removal efficiency intermittent.	d future site. other remedial waste originates (or is expected to eived). Include data on volume and concentration, if exibe discharge schedule.
·.14.	Provide a list of sites and the requested information (F.13 - F.15.) for each current and Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or originate in the next five years). Pollutants. List the hazardous constituents that are received (or are expected to recknown. (Attach additional sheets if necessary). Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment works? Yes No If yes, describe the treatment (provide information about the removal efficiency).	d future site. other remedial waste originates (or is expected to eived). Include data on volume and concentration, if

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VA0025020

OMB Number 2040-0086

	IERAL INFORMA	TION:
1.	Pretreatment Prog	gram. Does the treatment works have, or is it subject to, an approved pretreatment program?
	X Yes	Νο
2.		ant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of
		t discharge to the treatment works. non-categorical SIUs. 19
	b. Number of	
		TRIAL USER INFORMATION: mation for each SIU Alfamore than one SIU discharges to the treatment works, copy questions in Station on the Siu Alfamore than one Siu discharges to the treatment works, copy questions in Station on the Siu Alfamore than one Siu discharges to the treatment works, copy questions in Station on the Siu Alfamore than one Siu Alfa
		equested for each SIU.
3.	Significant Indust	rial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional
	pages as necessar	* *
	Name	Carillian Lavardas Camina
	Name:	Carilion Laundry Service
	Mailing Address:	2823 Franklin Road, Building C
		Roanoke, VA 24014
		Totallore, 4A 24014
		TOUTIONS, VA 24014
4.	Industrial Process	es. Describe all of the industrial processes that affect or contribute to the SIU's discharge.
4.	Industrial Process	
	Washing	
	Washing Principal Product(es. Describe all of the industrial processes that affect or contribute to the SIU's discharge. s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's
	Washing Principal Product(discharge. Principal product(s)	es. Describe all of the industrial processes that affect or contribute to the SIU's discharge. s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Hospital Laundry
4. 5.	Washing Principal Product(discharge.	es. Describe all of the industrial processes that affect or contribute to the SIU's discharge. s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's
5.	Washing Principal Product(discharge. Principal product(s) Raw material(s):	es. Describe all of the industrial processes that affect or contribute to the SIU's discharge. s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Hospital Laundry Detergents and Softeners
5.	Principal Product(discharge. Principal product(s) Raw material(s): Flow Rate. a. Process wa	es. Describe all of the industrial processes that affect or contribute to the SIU's discharge. s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Hospital Laundry Detergents and Softeners
	Principal Product(discharge. Principal product(s) Raw material(s): Flow Rate. a. Process wa	es. Describe all of the industrial processes that affect or contribute to the SIU's discharge. s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Hospital Laundry Detergents and Softeners stewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallon
5.	Principal Product(discharge. Principal product(s) Raw material(s): Flow Rate. a. Process wa per day (gp 89,000	es. Describe all of the industrial processes that affect or contribute to the SIU's discharge. s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Hospital Laundry Detergents and Softeners stewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallot and whether the discharge is continuous or intermittent. gpd (X continuous or intermittent)
5.	Principal Product(discharge. Principal product(s) Raw material(s): Flow Rate. a. Process wa per day (gp 89,000 b. Non-proces	es. Describe all of the industrial processes that affect or contribute to the SIU's discharge. s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Hospital Laundry Detergents and Softeners stewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallot and whether the discharge is continuous or intermittent.
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5.	Principal Product(discharge. Principal product(s) Raw material(s): Flow Rate. a. Process wa per day (gp 89,000 b. Non-proces system in grand 21,000	es. Describe all of the industrial processes that affect or contribute to the SiU's discharge. s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SiU's Hospital Laundry Detergents and Softeners stewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallot d) and whether the discharge is continuous or intermittent. gpd (X_continuous or intermittent) s wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection allons per day (gpd) and whether the discharge is continuous or intermittent. gpd (X_continuous or intermittent)
5.	Principal Product(discharge. Principal product(s) Raw material(s): Flow Rate. a. Process wa per day (gp 89,000 b. Non-proces system in grand-1,000 Pretreatment Stand	es. Describe all of the industrial processes that affect or contribute to the SIU's discharge. s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Hospital Laundry Detergents and Softeners stewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallor and whether the discharge is continuous or intermittent. gpd (Xcontinuous orintermittent) s wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection allons per day (gpd) and whether the discharge is continuous or intermittent. gpd (Xcontinuous or intermittent) dards. Indicate whether the SIU is subject to the following:
5.	Principal Product(discharge. Principal product(s) Raw material(s): Flow Rate. a. Process wa per day (gp 89,000 b. Non-proces system in grand 21,000 Pretreatment Standa. Local limits	es. Describe all of the industrial processes that affect or contribute to the SIU's discharge. s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Hospital Laundry Detergents and Softeners stewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallod) and whether the discharge is continuous or intermittent. gpd (Xcontinuous orintermittent) s wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection allons per day (gpd) and whether the discharge is continuous or intermittent. gpd (Xcontinuous or intermittent)

ACILITY NAME AND PERMIT NUMBER:	Form Approved 1/14/99
Vestern Virginia Water Authority Water Pollution Control Plant; VA0025020	OMB Number 2040-0086
Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has upsets, interference) at the treatment works in the past three years?	
Yes X No If yes, describe each episode.	
RA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIP	ELINE:
RCRA Waste. Does the treatment works receive or has it in the past three years receipipe?	ived RCRA hazardous waste by truck, rail, or dedicate
Yes X No (go to F.12.)	
Waste Transport. Method by which RCRA waste is received (check all that apply):	
TruckRailDedicated Pipe	
1. Waste Description. Give EPA hazardous waste number and amount (volume or mass	s, specify units).
EPA Hazardous Waste Number Amount	<u>Units</u>
RCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE AT ASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:	CTION
 Remediation Waste. Does the treatment works currently (or has it been notified that it Yes (complete F.13 through F.15.) X No	t will) receive waste from remedial activities?
Provide a list of sites and the requested information (F.13 - F.15.) for each current and	future site.
 Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or oth originate in the next five years). 	her remedial waste originates (or is expected to
 Pollutants. List the hazardous constituents that are received (or are expected to receive known. (Attach additional sheets if necessary). 	ved). Include data on volume and concentration, if
KITOWIT. (Attactif additional streets it frecessary).	
5. Waste Treatment.	
a. Is this waste treated (or will it be treated) prior to entering the treatment works?	
Yes No	
If yes, describe the treatment (provide information about the removal efficiency):	
b. Is the discharge (or will the discharge be) continuous or intermittent?	
Continuous Intermittent If intermittent, descri	be discharge schedule.
END OF PART E	re reference e la compara de la compara d
REFER TO THE APPLICATION OVERVIEW TO DETERMINE W	HICH OTHER PARTS OF FORM

Form Approved 1/14/99

Western Virginia Water Authority Water Pollution Control Plant; VA0025020 OMB Number 2040-0086 SUPPLEMENTAL APPLICATION IN FORMATION partifiendustrial-user:discharges:and:rcra/cerclawasites atment works receiving discharges from significant industrial users or which receive RCRA **GENERAL INFORMATION:** Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program? F.1. X Yes No F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works. Number of non-categorical SIUs. 19 Number of CIUs. 22 SIGNIFICANT INDUSTRIAL USER INFORMATION: Supply the following information for each SIU: If more than one SIU discharges to the treatment works (copy questions IE3 through E8 and provide the information requested for each SIU. F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary. Name: **CEI Roanoke** Mailing Address: 4411 Plantation Road N.E. Roanoke, VA 24012 Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge. F.4. Formulating, Mixing, Compounding, Manufacturing, Blending Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's F.5. discharge. Principal product(s): Cosmestics and Skin Care Products Raw material(s): Denatured alcohol, ethyl alcohol, essential oils, emulsifiers, and wax F.6. Flow Rate. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. 20,659 (X continuous or intermittent) gpd Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection b. system in gallons per day (gpd) and whether the discharge is continuous or intermittent. (X continuous or ____ intermittent) 23,451 F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following: a. Local limits b. Categorical pretreatment standards If subject to categorical pretreatment standards, which category and subcategory?

40 CFR 439 (Pharmaceutical Manufacturing (Subcategory D Formulating, Mixing, and Compounding))

Mosto		I		
AAGOIG	ern Virginia Water Authority Water Pollution Control Plant; VA0025	020	OM	//B Number 2040-0086
F.8.	Problems at the Treatment Works Attributed to Waste Discharge upsets, interference) at the treatment works in the past three years?		the SIU caused or co	ontributed to any problems (e.
	Yes X No If yes, describe each episode			
RCR/	A HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DE	EDICATED PIPEL	INE:	
F.9.	RCRA Waste. Does the treatment works receive or has it in the past pipe?	three years receive	ed RCRA hazardous v	waste by truck, rail, or dedicat
	Yes X No (go to F.12.)			
F.10.	Waste Transport. Method by which RCRA waste is received (check	all that apply):		
	TruckRailDedicated Pip	e		
F.11.	Waste Description. Give EPA hazardous waste number and amoun	t (volume or mass, s	specify units).	
	EPA Hazardous Waste Number Amount		<u>Units</u>	
	CLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/C TEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATE		TION	
	iem nielig i wie Giller neemeen ze nommen in worten nie			
		:K;		alan mendeleksi dalam terbagai perdampan yang dipensi dan berbagai dan mang menang atau menang atau menang dal
	Remediation Waste. Does the treatment works currently (or has it be	een notified that it w	rill) receive waste from	n remedial activities?
	Remediation Waste. Does the treatment works currently (or has it be Yes (complete F.13 through F.15.) X No Provide a list of sites and the requested information (F.13 - F.15.) for example 1.	een notified that it w	•	n remedial activities?
F.12.	Yes (complete F.13 through F.15.) X No Provide a list of sites and the requested information (F.13 - F.15.) for example 1.1.	een notified that it w	ture site.	
12.	Yes (complete F.13 through F.15.) X No	een notified that it w	ture site.	
12 .	Yes (complete F.13 through F.15.) Provide a list of sites and the requested information (F.13 - F.15.) for a Waste Origin. Describe the site and type of facility at which the CER	een notified that it w	ture site.	
	Yes (complete F.13 through F.15.) Provide a list of sites and the requested information (F.13 - F.15.) for a Waste Origin. Describe the site and type of facility at which the CER	een notified that it w	ture site.	
12. 13.	Yes (complete F.13 through F.15.) Provide a list of sites and the requested information (F.13 - F.15.) for a Waste Origin. Describe the site and type of facility at which the CER originate in the next five years).	een notified that it wo	ure site. remedial waste origi	nates (or is expected to
12. 13.	Yes (complete F.13 through F.15.) Provide a list of sites and the requested information (F.13 - F.15.) for a Waste Origin. Describe the site and type of facility at which the CER	een notified that it wo	ure site. remedial waste origi	nates (or is expected to
.12. .13.	Yes (complete F.13 through F.15.) Provide a list of sites and the requested information (F.13 - F.15.) for a waste Origin. Describe the site and type of facility at which the CER originate in the next five years). Pollutants. List the hazardous constituents that are received (or are a site of the constituents).	een notified that it wo	ure site. remedial waste origi	nates (or is expected to
12. 13.	Yes (complete F.13 through F.15.) Provide a list of sites and the requested information (F.13 - F.15.) for a waste Origin. Describe the site and type of facility at which the CER originate in the next five years). Pollutants. List the hazardous constituents that are received (or are a site of the constituents).	een notified that it wo	ure site. remedial waste origi	nates (or is expected to
	Yes (complete F.13 through F.15.) Provide a list of sites and the requested information (F.13 - F.15.) for a waste Origin. Describe the site and type of facility at which the CER originate in the next five years). Pollutants. List the hazardous constituents that are received (or are a known. (Attach additional sheets if necessary).	een notified that it we each current and fut CLA/RCRA/or other expected to received	ure site. remedial waste origi	nates (or is expected to
	Yes (complete F.13 through F.15.) Provide a list of sites and the requested information (F.13 - F.15.) for a waste Origin. Describe the site and type of facility at which the CER originate in the next five years). Pollutants. List the hazardous constituents that are received (or are a known. (Attach additional sheets if necessary).	een notified that it we each current and fut CLA/RCRA/or other expected to received	ure site. remedial waste origi	nates (or is expected to
	Yes (complete F.13 through F.15.) Provide a list of sites and the requested information (F.13 - F.15.) for a waste Origin. Describe the site and type of facility at which the CER originate in the next five years). Pollutants. List the hazardous constituents that are received (or are a known. (Attach additional sheets if necessary). Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treated.	een notified that it we each current and fut CLA/RCRA/or other expected to received eatment works?	ure site. remedial waste origi	nates (or is expected to
	Provide a list of sites and the requested information (F.13 - F.15.) for a Waste Origin. Describe the site and type of facility at which the CER originate in the next five years). Pollutants. List the hazardous constituents that are received (or are a known. (Attach additional sheets if necessary). Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treated yes	een notified that it we each current and fut CLA/RCRA/or other expected to received eatment works?	ure site. remedial waste origi	nates (or is expected to
F.12.	Provide a list of sites and the requested information (F.13 - F.15.) for a waste Origin. Describe the site and type of facility at which the CER originate in the next five years). Pollutants. List the hazardous constituents that are received (or are a known. (Attach additional sheets if necessary). Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treated years. If yes, describe the treatment (provide information about the remaining the treated).	een notified that it we each current and fut CLA/RCRA/or other expected to received eatment works?	ure site. remedial waste origi	nates (or is expected to
	Provide a list of sites and the requested information (F.13 - F.15.) for a waste Origin. Describe the site and type of facility at which the CER originate in the next five years). Pollutants. List the hazardous constituents that are received (or are a known. (Attach additional sheets if necessary). Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treated yes	een notified that it we each current and fut CLA/RCRA/or other expected to received eatment works?	ure site. remedial waste origi	nates (or is expected to

Western Virginia Water Authority Water Pollution Control Plant; VA0025020

Form Approved 1/14/99

OMB Number 2040-0086

SUPPLEMENTATE APPLICATION INFORMATION:

 a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. 121,000 gpd (X continuous or intermittent) Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. 4,000 gpd (X continuous or intermittent) 	(O)(O)	irredimenta	
F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program? X		atment works receiving	gdischarges from significant industrial users or which receive RCRA CERCLA for other remedial wastes must complete Part
F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program? X Yee No Number of Significant industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works. a. Number of cius. 19 b. Number of CIUs. 19 SIGNIFICANT INDUSTRIAL USER INFORMATION: Significant industrial User information for sech-SIU-9 femore their precision of the information requested to each SIU. F.3. Significant industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary. Name: Coca-Cola Bottling Company Consolidated Mailing Address: 235 Shenandoah Avenue Roanoke, VA 24016 F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge. Manufacturing Soft Drinks Raw material(s): Syrup concentrate, corn syrup and sugar, and various preservatives, colors, and flavorings F.5. Principal product(s): Syrup concentrate, corn syrup and sugar, and various preservatives, colors, and flavorings F.6. Flow Rate. a. Processe wastewater flow rate, Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gord) and whether the discharge is continuous or intermittent. 121,000 gpd (X continuous or intermittent) b. Non-process wastewater flow rate, Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gord) and whether the SIU is subject to the following: a. Local limits X yes No	GEN		
F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of Industrial users that discharge to the treatment works. a. Number of CIUs			
Number of specifical sees that discharge is the treatment works. a. Number of CIUs. 3. Number of CIUs. 5. Number of CIUs. 6. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary. 6. Name: 6. Coca-Cola Bottling Company Consolidated 6. Mailing Address: 6. Principal Product(s) and Raw Material(s). Describe all of the industrial processes that affect or contribute to the SIUs discharge. 6. Principal Product(s): 6. Principal Product(s): 6. Soft Drinks 6. Raw material(s): 6. Soft Drinks 6. Raw material(s): 7. Principal Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. 6. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. 7. Pretreatment Standards. Indicate whether the SIU is subject to the following: 8. Local limits 7. Pretreatment Standards. Indicate whether the SIU is subject to the following: 8. No 8. Categorical pretreatment standards 7. Pretreatment Standards. Indicate whether the SIU is subject to the following: 8. No 8. Categorical pretreatment standards 7. Pretreatment Standards. Indicate whether the SIU is subject to the following: 8. No 8. Categorical pretreatment standards 7. Pretreatment Standards. Indicate whether the SIU is subject to the following: 8. No 8. No 8		X Yes	No .
Number of specifical treatment express that discharge to the treatment works. a. Number of ClUs. 22 SIGNIFICANT INDUSTRIAL USER INFORMATION: SUPPLY to College information for each SIU of innoctrian one SIU discharges to the treatment works. Supply, the College information for each SIU of innoctrian one SIU discharges to the treatment works. Submit additional pages as necessary. Name: Coca-Cola Bottling Company Consolidated Mailing Address: 235 Shenandoah Avenue Roanoke, VA 24016 F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge. Manufacturing Soft Drinks F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge. Principal product(s): Soft Drinks Raw material(s): Syrup concentrate, corn syrup and sugar, and various preservatives, colors, and flavorings F.6. Flow Rate. a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. 121,000 gpd (_X_continuous or _intermittent) b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. 4,000 gpd (_X_continuous or _intermittent) F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following: a. Local limitsX_YesNo Categorical pretreatment standardsYesNo			
SIGNIFICANT INDUSTRIAL USER INFORMATION: Supply the following information for each SIU 3 temore than one SIU discharge stotles treatment works, copy, questions if 2 temore than one SIU discharge stotles treatment works. Submit additional pages as necessary. F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary. Name: Coca-Cola Bottling Company Consolidated Mailing Address: 235 Shenandoah Avenue Roanoke, VA 24016 F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge. Manufacturing Soft Drinks F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge. Principal product(s): Soft Drinks Raw material(s): Syrup concentrate, corn syrup and sugar, and various preservatives, colors, and flavorings F.6. Flow Rate. a. Process wastewater flow rate. Indicate the average deily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. 121,000 gpd (X continuous or intermittent) b. Non-process wastewater flow rate. Indicate the average deily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. 4,000 gpd (X continuous or intermittent) F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following: a. Local limits X Yes No Categorical prefreatment standards Yes X No	F.2.	•	• • • • • • • • • • • • • • • • • • • •
SIGNIFICANT INDUSTRIAL USER INFORMATION: Supply the following information for each SIU immore than one SIU dischargeate, the treatment works. Copy (questions Fi) through Figure 2 provide the information requested for each SIU. F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary. Name: Coca-Cola Bottling Company Consolidated Mailing Address: 235 Shenandoah Avenue Roanoke, VA 24016 F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge. Manufacturing Soft Drinks F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge. Principal product(s): Soft Drinks Raw material(s): Syrup concentrate, corn syrup and sugar, and various preservatives, colors, and flavorings F.6. Flow Rate. a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. 121,000 gpd (X continuous or intermittent) b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. 4,000 gpd (X continuous or intermittent) F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following: a. Local limits Local limits Local limits A Ves No		a. Number of n	ion-categorical SIUs. 19
Supply the following information for each SIU If more than one SIU discharge to the treatment works. Copy guestions I, 3 through I-B and a pove of the information requested for each SIU		b. Number of C	CIUs. <u>22</u>
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Principal Product(s): Soft Drinks Raw material(s): Syrup concentrate, corn syrup and sugar, and various preservatives, colors, and flavorings F.6. Flow Rate. a. Process wastewater flow rate. Indicate the average daily volume of process wastewater flow discharge is continuous or intermittent. 121,000 gpd (X continuous or intermittent). Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. 4,000 gpd (X continuous or intermittent). Pretreatment Standards. Indicate whether the SIU is subject to the following: a. Local limits	24	The state of the s	""大大","大","大","大","大","大","大","大","大","大
Mailing Address: 235 Shenandoah Avenue Roanoke, VA 24016 F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SiU's discharge. Manufacturing Soft Drinks F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SiU's discharge. Principal product(s): Soft Drinks Raw material(s): Syrup concentrate, corn syrup and sugar, and various preservatives, colors, and flavorings F.6. Flow Rate. a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. 121,000 gpd (X continuous or intermittent) b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. 4,000 gpd (X continuous or intermittent) F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following: a. Local limits X Yes No	F.3.	_	
Roanoke, VA 24016		Name:	Coca-Cola Bottling Company Consolidated
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a. Local limitsX_YesNo b. Categorical pretreatment standardsYesX_No		system in ga	llons per day (gpd) and whether the discharge is continuous or intermittent.
a. Local limits			
, , , , , , , , , , , , , , , , , , , 	F.7.		·
, , , , , , , , , , , , , , , , , , , 			X YesNo
If subject to categorical pretreatment standards, which category and subcategory?		b. Categorical p	Tes A NO
		If subject to categoric	cal pretreatment standards, which category and subcategory?

Vest€	ern Virginia Water Authority Water Pollution Control Plant; VA0025020	OMB Number 2040-0086
.8.	Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has upsets, interference) at the treatment works in the past three years?	s the SIU caused or contributed to any problems (e
	Yes X No If yes, describe each episode.	
CR/	A HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPE	LINE:
.9.	RCRA Waste. Does the treatment works receive or has it in the past three years receive pipe?	ed RCRA hazardous waste by truck, rail, or dedica
	Yes X No (go to F.12.)	
.10.	Waste Transport. Method by which RCRA waste is received (check all that apply): TruckRailDedicated Pipe	
.11.	Waste Description. Give EPA hazardous waste number and amount (volume or mass,	specify units).
	EPA Hazardous Waste Number Amount	<u>Units</u>
	- <u></u>	
		· · · · · · · · · · · · · · · · · · ·
	LA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTEMATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:	TION
12.	Remediation Waste. Does the treatment works currently (or has it been notified that it v Yes (complete F.13 through F.15.) Provide a list of sites and the requested information (F.13 - F.15.) for each current and fu	
		uture site.
	Yes (complete F.13 through F.15.) Provide a list of sites and the requested information (F.13 - F.15.) for each current and full Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other	uture site.
13.	Yes (complete F.13 through F.15.) Provide a list of sites and the requested information (F.13 - F.15.) for each current and full Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other	er remedial waste originates (or is expected to
13.	Yes (complete F.13 through F.15.) X No Provide a list of sites and the requested information (F.13 - F.15.) for each current and further description. Describe the site and type of facility at which the CERCLA/RCRA/or other originate in the next five years). Pollutants. List the hazardous constituents that are received (or are expected to received)	er remedial waste originates (or is expected to
13.	Yes (complete F.13 through F.15.) X No Provide a list of sites and the requested information (F.13 - F.15.) for each current and further description. Describe the site and type of facility at which the CERCLA/RCRA/or other originate in the next five years). Pollutants. List the hazardous constituents that are received (or are expected to received)	er remedial waste originates (or is expected to
13.	Yes (complete F.13 through F.15.) Provide a list of sites and the requested information (F.13 - F.15.) for each current and further describes the site and type of facility at which the CERCLA/RCRA/or other originate in the next five years). Pollutants. List the hazardous constituents that are received (or are expected to receive known. (Attach additional sheets if necessary).	er remedial waste originates (or is expected to
13. 14.	Yes (complete F.13 through F.15.) Provide a list of sites and the requested information (F.13 - F.15.) for each current and further describes the site and type of facility at which the CERCLA/RCRA/or other originate in the next five years). Pollutants. List the hazardous constituents that are received (or are expected to receive known. (Attach additional sheets if necessary). Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment works?	er remedial waste originates (or is expected to
12. 13.	Yes (complete F.13 through F.15.) Provide a list of sites and the requested information (F.13 - F.15.) for each current and further with the original of the originate in the next five years). Pollutants. List the hazardous constituents that are received (or are expected to receive known. (Attach additional sheets if necessary). Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment works? Yes No If yes, describe the treatment (provide information about the removal efficiency):	er remedial waste originates (or is expected to
13. 14.	Yes (complete F.13 through F.15.) Provide a list of sites and the requested information (F.13 - F.15.) for each current and further describes the site and type of facility at which the CERCLA/RCRA/or other originate in the next five years). Pollutants. List the hazardous constituents that are received (or are expected to receive known. (Attach additional sheets if necessary). Waste Treatment. a. Is this waste freated (or will it be treated) prior to entering the treatment works? YesNo	er remedial waste originates (or is expected to

Western Virginia Water Authority Water Pollution Control Plant;

Form Approved 1/14/99

VA0025020 OMB Number 2040-0086

	LITY NAME AND PERMIT NUMBER:		Form Approved	
Vest	ern Virginia Water Authority Water Pollution Control Plant; VA		OMB Number 20	
.8.	Problems at the Treatment Works Attributed to Waste Disch		he SIU caused or contributed to a	ny problems (e
.0.	upsets, interference) at the treatment works in the past three year		•	
	Yes X No If yes, describe each epis	sode.		
	<u> </u>			
CD.	A HAZADDOHE WASTE DECENTED BY TOLICK DAIL OF	D DEDICATED BIDE!	INIC.	
KUKA	A HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, O	R DEDICATED PIPEL	INE.	
÷.9.	RCRA Waste. Does the treatment works receive or has it in the	past three years received	d RCRA hazardous waste by truck	, rail, or dedica
	pipe?			
	Yes X No (go to F.12.)			
.10.	Waste Transport. Method by which RCRA waste is received (cl	heck all that apply):		
	Truck Rail Dedicate	d Pipe		
		- · •		
,11.	Waste Description. Give EPA hazardous waste number and an	nount (volume or mace e	necify units)	
, 1 1.		nount (volume of mass, s		
	EPA Hazardous Waste Number Amount		<u>Units</u>	
			_	
ERC	CLA (SUPERFUND) WASTEWATER, RCRA REMEDIATIO	N/CORRECTIVE ACT	ION	AND A SOUTH ASSET
/AST	Remediation Waste. Does the treatment works currently (or has yes (complete F.13 through F.15.) A Provide a list of sites and the requested information (F.13, F.15.)	ATER: s it been notified that it wil _No		tivities?
/AST	Remediation Waste. Does the treatment works currently (or has	ATER: s it been notified that it wil No for each current and futu	ure site.	
	Remediation Waste. Does the treatment works currently (or has Yes (complete F.13 through F.15.) Provide a list of sites and the requested information (F.13 - F.15.) Waste Origin. Describe the site and type of facility at which the	ATER: s it been notified that it wil No for each current and futu	ure site.	
/AS7 .12. .13.	Remediation Waste. Does the treatment works currently (or has Yes (complete F.13 through F.15.) Provide a list of sites and the requested information (F.13 - F.15.) Waste Origin. Describe the site and type of facility at which the	ATER: it been notified that it wil No for each current and futu CERCLA/RCRA/or other	remedial waste originates (or is ex	xpected to
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12. 13.	Remediation Waste. Does the treatment works currently (or has Yes (complete F.13 through F.15.) Provide a list of sites and the requested information (F.13 - F.15.) Waste Origin. Describe the site and type of facility at which the originate in the next five years). Pollutants. List the hazardous constituents that are received (or known. (Attach additional sheets if necessary). Waste Treatment.	ATER: s it been notified that it will No for each current and futu CERCLA/RCRA/or other are expected to received	remedial waste originates (or is ex	kpected to
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/AST	Pollutants. List the hazardous constituents that are received (or known. (Attach additional sheets if necessary). Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the year, describe the treatment (provide information about the first complete the site and type of facility at which the originate in the next five years).	ATER: s it been notified that it will No for each current and futu CERCLA/RCRA/or other are expected to received the treatment works? e removal efficiency):	remedial waste originates (or is ex	xpected to
/AST	Pollutants. List the hazardous constituents that are received (or known. (Attach additional sheets if necessary). Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the yes, describe the treatment (provide information about the b. Is the discharge (or will the discharge be) continuous or into the provide information about the pr	ATER: s it been notified that it will No for each current and futured that it will CERCLA/RCRA/or other is are expected to received the treatment works? The removal efficiency is ermittent?	remedial waste originates (or is ex	xpected to
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Western Virginia Water Authority Water Pollution Control Plant;

1	
VA0025020	OMB
SUPPLEMENTAL APPLICATION LINES	RMATION

SU	RRBEMENIJA	LAPPLICATION INFORMATION
All tre	atment works receiving (
GEN	ERAL INFORMATI	
F.1.	Pretreatment Progra	m. Does the treatment works have, or is it subject to, an approved pretreatment program?
	XYes	_No
F.2.		Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of ischarge to the treatment works.
	a. Number of nor	n-categorical SIUs. 19
	b. Number of CIU	Us. <u>22</u>
SIGN	IIFICANT INDUSTR	RIAL USER INFORMATION:
		ation for each SIU. If more than one SIU discharges to the treatment works (copy/questions F.3 through F.8 and tested for each SIU
F.3.		User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional
	Name:	Carilion Roanoke Community Hospital
	Mailing Address:	101 Elm Avenue, S.E.
	Mating Address.	Roanoke, VA 24029
F.4. F.5.	General Medical and	. Describe all of the industrial processes that affect or contribute to the SIU's discharge. Surgical Hospital and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's
	Principal product(s):	N/A
	Raw material(s):	N/A
F.6.		ewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons and whether the discharge is continuous or intermittent. _gpd (continuous or <u>Xin</u> termittent)
		vastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection ons per day (gpd) and whether the discharge is continuous or intermittent. _gpd (_Xcontinuous or intermittent)
- -	Duratura at a series of Committee of Committ	and a finding to substitute the CHL is subject to the first and
F.7.	a. Local limits	rds. Indicate whether the SIU is subject to the following: X Yes No
		etreatment standards Yes X No
	If subject to categorical	I pretreatment standards, which category and subcategory?

OMB Number Problems at the Treatment Works Attributed to Waste Discharged by the SiU. Has the SiU caused or contributed is upests, interference) at the treatment works attributed to Waste Discharged by the SiU. Has the SiU caused or contributed is upests, interference) at the treatment works in the past three years? Yes X_No If yes, describe each episode. RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE: F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by tropipe? Yes X_No (go to F.12.) F.10. Waste Transport. Method by which RCRA waste is received (check all that apply): Truck Rail Dedicated Pipe F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units). EPA Hazardous Waste Number Amount Units EPA Hazardous Waste Number Amount Units CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER: F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial Yes (complete F.13 through F.15.) X_No Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site. F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or it originate in the next five years). F.14. Pollutants. List the hazardous constituents that are received (or are expected to received). Include data on volume and known. (Attach additional sheets if necessary). F.15. Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment works? Yes No If yes, describe the Ireatment (provide information about the removal efficiency):	ed 1/14/99	Form Approved 1/		MII NUMBER:	A NAME AND BEKMI	FACILI
Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed is upsets, interference) at the treatment works in the past three years? Yes X No If yes, describe each episode. RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE: 19. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by triple? Yes X No (go to F.12.) 10. Waste Transport. Method by which RCRA waste is received (check all that apply): Truck	er 2040-0086	OMB Number 204	ontrol Plant: VA0025020	uthority Water Pollution	n Virginia Water Auth	Vester
9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by the pipe? Yes X No (go to F.12.) 10. Waste Transport. Method by which RCRA waste is received (check all that apply): Truck Rait Dedicated Pipe 11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units). EPA Hazardous Waste Number Amount Units ERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION ASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER. 12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial Yes (complete F.13 through F.15.) Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site. 13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is originate in the next five years). 14. Pollutants. List the hazardous constituents that are received (or are expected to received). Include data on volume and known. (Attach additional sheets if necessary). 15. Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment works? Yes No			to Waste Discharged by the SIU. Has	reatment Works Attribu	Problems at the Trea	
9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by trepipe? Yes X No (go to F.12.) 10. Waste Transport. Method by which RCRA waste is received (check all that apply): Truck Rail Dedicated Pipe 11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units). EPA Hazardous Waste Number Amount Units ERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION ASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER: 12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial Yes (complete F.13 through F.15.) X No Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site. 13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or its originate in the next five years). 14. Pollutants. List the hazardous constituents that are received (or are expected to received). Include data on volume and known. (Attach additional sheets if necessary). 15. Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment works? Yes No			escribe each episode.	No If ye	YesX	
RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by trepipe? Yes X No (go to F.12.) Waste Transport. Method by which RCRA waste is received (check all that apply): Truck Reit Dedicated Pipe 11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units). EPA Hazardous Waste Number Amount Units ERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION ASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER: 2. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial Yes (complete F.13 through F.15.) X No Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site. 3. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or to originate in the next five years). 4. Pollutants. List the hazardous constituents that are received (or are expected to received). Include data on volume and known. (Attach additional sheets if necessary). 5. Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment works? Yes No						
10. Waste Transport. Method by which RCRA waste is received (check all that apply): TruckRailDedicated Pipe 11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units). EPA Hazardous Waste NumberAmountUnits		INE:	UCK, RAIL, OR DEDICATED PIPE	ASTE RECEIVED BY	HAZARDOUS WAS	CRA
YesXNo (go to F.12.) 10. Waste Transport. Method by which RCRA waste is received (check all that apply):TruckRailDedicated Pipe 11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units). EPA Hazardous Waste NumberAmount	ruck, rail, or dedicate	d RCRA hazardous waste by truck,	ve or has it in the past three years receive	s the treatment works re		9.
Truck Truck Dedicated Pipe 11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units). EPA Hazardous Waste Number Amount Units ERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION ASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER: 12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial Yes (complete F.13 through F.15.) X No Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site. 13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is originate in the next five years). 14. Pollutants. List the hazardous constituents that are received (or are expected to received). Include data on volume and known. (Attach additional sheets if necessary). 15. Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment works? Yes No				X No (go to F.1	•	
11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units). EPA Hazardous Waste Number Amount Units ERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION ASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER: 12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial Yes (complete F.13 through F.15.) Yes (complete F.13 through F.15.) Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site. 13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is originate in the next five years). 14. Pollutants. List the hazardous constituents that are received (or are expected to received). Include data on volume and known. (Attach additional sheets if necessary). 15. Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment works? YesNo			ste is received (check all that apply):	Method by which RCRA	Waste Transport. Me	10.
ERGLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION ASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER: 12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial Yes (complete F.13 through F.15.) X			Dedicated Pipe	Rail	Truck	
ERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION ASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER: 12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial Yes (complete F.13 through F.15.) X No Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site. 13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is originate in the next five years). 14. Pollutants. List the hazardous constituents that are received (or are expected to received). Include data on volume and known. (Attach additional sheets if necessary). 15. Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment works? Yes No			te number and amount (volume or mass,		_	11.
ASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER: 12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedialYes (complete F.13 through F.15.)XNo Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site. 13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is originate in the next five years). 14. Pollutants. List the hazardous constituents that are received (or are expected to received). Include data on volume and known. (Attach additional sheets if necessary). 15. Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment works? YesNo		<u>Units</u>	<u>Amount</u>	<u>ste Number</u>	EPA Hazardous Waste	
ASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER: 12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedialYes (complete F.13 through F.15.)XNo Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site. 13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is originate in the next five years). 14. Pollutants. List the hazardous constituents that are received (or are expected to received). Include data on volume and known. (Attach additional sheets if necessary). 15. Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment works? YesNo						
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Pollutants. List the hazardous constituents that are received (or are expected to received). Include data on volume and known. (Attach additional sheets if necessary). Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment works? Yes No		TION			•	
known. (Attach additional sheets if necessary). 15. Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment works?	s expected to		tion (F.13 - F.15.) for each current and fu	s and the requested infor	Provide a list of sites a Waste Origin. Descri	13.
known. (Attach additional sheets if necessary). 15. Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment works?						
known. (Attach additional sheets if necessary). 15. Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment works?						
Is this waste treated (or will it be treated) prior to entering the treatment works? Yes No	concentration, if	d). Include data on volume and cond	t are received (or are expected to receive			
a. Is this waste treated (or will it be treated) prior to entering the treatment works? Yes No						
YesNo						15.
If yes, describe the treatment (provide information about the removal efficiency):			prior to entering the treatment works?			
			ormation about the removal efficiency):	e the treatment (provide	If yes, describe	
b. Is the discharge (or will the discharge be) continuous or intermittent?						
Continuous Intermittent If intermittent, describe discharge schedule.		discharge schedule.	termittent If intermittent, describe	nuous	Continuo	
END OF PART F. REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF F						

Form Approved 1/14/99

Western Virginia Water Authority Water Pollution Control Plant; VA0025020 OMB Number 2040-0086 SUPPLEMENTAL APPLICATION INFORMATION PARTIFIZINDUSTRIALAUSERIDISCHARGESTANDTRERAVGERGLATWASTIES All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA **GENERAL INFORMATION:** F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program? F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works. a. Number of non-categorical SIUs. 19 b. Number of CIUs. 22 SIGNIFICANT INDUSTRIAL USER INFORMATION: Supply the following information for each SIU: If more than one SIU:discharges to the treatment works; copy questions F 3 through F 8 and provide the information requested for each SIU F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional **Carvins Cove Water Filtration Plant** Name: Mailing Address: 8192 Angel Lane Roanoke, VA 24019 Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge. F.4. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's F.5. Principal product(s): **Drinking Water** Raw material(s): Filter backwash and sedimentation basin cleanout F.6. Flow Rate. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. 300,325 (X continuous or intermittent) Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection b. system in gallons per day (gpd) and whether the discharge is continuous or intermittent. 260 (_X_continuous or ____ intermittent) Pretreatment Standards. Indicate whether the SIU is subject to the following: F.7, Local limits a. Categorical pretreatment standards If subject to categorical pretreatment standards, which category and subcategory?

Wester		
	rn Virginia Water Authority Water Pollution Control Plant; VA0025020	OMB Number 2040-0086
F.8.	Problems at the Treatment Works Attributed to Waste Discharged by the SIU. upsets, interference) at the treatment works in the past three years?	Has the SIU caused or contributed to any problems (e
	Yes X No If yes, describe each episode.	
RCRA	HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PI	PELINE:
F.9.	RCRA Waste. Does the treatment works receive or has it in the past three years receipe?	ceived RCRA hazardous waste by truck, rail, or dedica
	Yes X No (go to F.12.)	
F.10.	Waste Transport. Method by which RCRA waste is received (check all that apply):	
•	Truck Rail Dedicated Pipe	
F.11.	Waste Description. Give EPA hazardous waste number and amount (volume or ma	ass, specify units).
	EPA Hazardous Waste Number Amount	<u>Units</u>
•		
	LA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE EWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:	ACTION
-	Remediation Waste. Does the treatment works currently (or has it been notified that Yes (complete F.13 through F.15.) X No Provide a list of sites and the requested information (F.13 - F.15.) for each current an	
- 13.	Yes (complete F.13 through F.15.) X No	d future site.
- 13.	Yes (complete F.13 through F.15.) X No Provide a list of sites and the requested information (F.13 - F.15.) for each current an Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or or	d future site.
	Yes (complete F.13 through F.15.) X No Provide a list of sites and the requested information (F.13 - F.15.) for each current an Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or or	d future site. other remedial waste originates (or is expected to
- - - - - - - - -	Yes (complete F.13 through F.15.) Provide a list of sites and the requested information (F.13 - F.15.) for each current an Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or originate in the next five years). Pollutants. List the hazardous constituents that are received (or are expected to recknown. (Attach additional sheets if necessary).	d future site. other remedial waste originates (or is expected to
.13.	Yes (complete F.13 through F.15.) X No Provide a list of sites and the requested information (F.13 - F.15.) for each current an Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or originate in the next five years). Pollutants. List the hazardous constituents that are received (or are expected to received)	other remedial waste originates (or is expected to
.13.	Yes (complete F.13 through F.15.) Provide a list of sites and the requested information (F.13 - F.15.) for each current an Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or originate in the next five years). Pollutants. List the hazardous constituents that are received (or are expected to recknown. (Attach additional sheets if necessary). Waste Treatment.	other remedial waste originates (or is expected to
.13.	Yes (complete F.13 through F.15.) X No Provide a list of sites and the requested information (F.13 - F.15.) for each current an Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or originate in the next five years). Pollutants. List the hazardous constituents that are received (or are expected to recknown. (Attach additional sheets if necessary). Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment works?	other remedial waste originates (or is expected to
.13.	Yes (complete F.13 through F.15.) X No Provide a list of sites and the requested information (F.13 - F.15.) for each current an Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or originate in the next five years). Pollutants. List the hazardous constituents that are received (or are expected to recknown. (Attach additional sheets if necessary). Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment works? Yes No	other remedial waste originates (or is expected to
	Yes (complete F.13 through F.15.) Reprovide a list of sites and the requested information (F.13 - F.15.) for each current an waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or configurate in the next five years). Pollutants. List the hazardous constituents that are received (or are expected to recknown. (Attach additional sheets if necessary). Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment works? Yes No If yes, describe the treatment (provide information about the removal efficiency)	other remedial waste originates (or is expected to
.13. 	Yes (complete F.13 through F.15.) Reprovide a list of sites and the requested information (F.13 - F.15.) for each current an Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or originate in the next five years). Pollutants. List the hazardous constituents that are received (or are expected to recknown. (Attach additional sheets if necessary). Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment works? Yes No If yes, describe the treatment (provide information about the removal efficiency).	other remedial waste originates (or is expected to

EPA Form 3510-2A (Rev. 1-99). Replaces EPA forms 7550-6 7550-22.

Form Approved 1/14/99

	ern Vigrinia Water Authority Water Pollution Control Pla 25020	ont; OMB Number 2040-0086
	PREMENTAL ARRLICATION IN	The state of the s
	TE: INDUSTRIAL USER DISCHARGES AND I	RCRA/CERCIA/WASTES Lusers of which receive RCRA-CERCIA vor other, remedial wastes must complete Par
GEN	ERAL INFORMATION:	
F.1.	Pretreatment Program. Does the treatment works have	, or is it subject to, an approved pretreatment program?
	X Yes No	
F.2.	Number of Significant Industrial Users (SIUs) and Categorindustrial users that discharge to the treatment works.	rical Industrial Users (CIUs). Provide the number of each of the following types of
	a. Number of non-categorical SIUs. 19	<u> </u>
	b. Number of CIUs. 22	2
SIGN	IIFICANT INDUSTRIAL USER INFORMATION	
		ine SIU/discharges to the treatment works, copy questions F 3)through F/8 and
F.3.	Significant Industrial User Information. Provide the na pages as necessary.	me and address of each SIU discharging to the treatment works. Submit additional
	Name: Dynax America Corporation	
	Mailing Address: 568 East Park Drive	
	Roanoke, VA 24019	
F.4.	Industrial Processes. Describe all of the industrial proce	
	Stamping, Flattening, Deburring, Tempering, Ring coo	ling, Etching
F.5.	Principal Product(s) and Raw Material(s). Describe all discharge.	of the principal processes and raw materials that affect or contribute to the SIU's
	Principal product(s): Steel Friction and Mating Plates	for Automatic Transmissions
	· · · · · · · · · · · · · · · · · · ·	
	Raw material(s): Rolled strips of steel	
F.6.	Flow Rate. a. Process wastewater flow rate. Indicate the average per day (gpd) and whether the discharge is contin	ge daily volume of process wastewater discharged into the collection system in gallons uous or intermittent.
	gpd (X_continuous o	r <u>int</u> ermittent)
	Non-process wastewater flow rate. Indicate the a system in gallons per day (gpd) and whether the control of the control o	verage daily volume of non-process wastewater flow discharged into the collection lischarge is continuous or intermittent.
	gpd (X_continuous o	r intermittent)
E 7	Pretreatment Standards. Indicate whether the SIU is su	hiert to the following:
F.7.		Yes No
	b. Categorical pretreatment standards X Yes	
		
	If subject to categorical pretreatment standards, which cat	egory and subcategory?

40 CFR 433 (Metal Finishing)

	ITY NAME AND PERM				
Mocto	en Virginia Water Aus	therity Mater Balluties	n Control Plant; VA0025020	OMB Number 2040-0	വരെ
vveste			ited to Waste Discharged by the SIU. Has		
F.8.			in the past three years?	the ore caused or commence to any pr	obicina (c.g
	Yes X		s, describe each episode.		
	res	_ NO II ye.	s, describe each episode.		
					•
					•
RCR/	N HAZARDOUS WA	STE RECEIVED BY	TRUCK, RAIL, OR DEDICATED PIPE	LINE:	
	BBB444 / B	4		ad BODA harmada ua uurata ku tarata mili	
F.9.		the treatment works re	ceive or has it in the past three years receiv	ed RCRA nazardous waste by truck, rail,	or dedicate
	pipe?				
	Yes	X No (go to F.1	2.)		
F.10.	Waste Transport. N	vlethod by which RCRA	waste is received (check all that apply):		
	Truck	Rail	Dedicated Pipe		
			Dodicated i spe		
F.11.	Waste Description.	Give EPA hazardous w	vaste number and amount (volume or mass,	specify units).	
	EPA Hazardous Was	ste Number	<u>Amount</u>	<u>Units</u>	
				 	
		 			
			RA REMEDIATION/CORRECTIVE AC	TION	
WAST	EWATED AND OT			DESCRIPTION OF A TOTAL TOT	THE STATE OF THE STATE OF THE STATE OF
	EWATER, AND OT	HER REMEDIAL AC	CTIVITY WASTEWATER:	44.04.084.0103.044.053.044.03.000.040	
	EWATER, AND OT	THER REMEDIAL AC	CTIVITY WASTEWATER:		
F.12.			OTIVITY WASTEWATER: orks currently (or has it been notified that it was a currently to the control of the currently that it was a currently to the currently that it was a cur	will) receive waste from remedial activitie	s?
	Remediation Waste	. Does the treatment w	orks currently (or has it been notified that it v	will) receive waste from remedial activitie	s?
	Remediation Waste	p. Does the treatment we F.13 through F.15.)	orks currently (or has it been notified that it v		s?
	Remediation Waste	p. Does the treatment we F.13 through F.15.)	orks currently (or has it been notified that it v		s?
F.12.	Remediation Waste. Yes (complete Provide a list of sites	. Does the treatment we F.13 through F.15.) and the requested infor	orks currently (or has it been notified that it v X No rmation (F.13 - F.15.) for each current and fu	iture site.	
	Remediation Waste. Yes (complete Provide a list of sites Waste Origin. Desc	p. Does the treatment we e F.13 through F.15.) and the requested infor cribe the site and type of	orks currently (or has it been notified that it v	iture site.	
F.12.	Remediation Waste. Yes (complete Provide a list of sites	p. Does the treatment we e F.13 through F.15.) and the requested infor cribe the site and type of	orks currently (or has it been notified that it v X No rmation (F.13 - F.15.) for each current and fu	iture site.	
F.12.	Remediation Waste. Yes (complete Provide a list of sites Waste Origin. Desc	p. Does the treatment we e F.13 through F.15.) and the requested infor cribe the site and type of	orks currently (or has it been notified that it v X No rmation (F.13 - F.15.) for each current and fu	iture site.	
F.12.	Remediation Waste. Yes (complete Provide a list of sites Waste Origin. Desc	p. Does the treatment we e F.13 through F.15.) and the requested infor cribe the site and type of	orks currently (or has it been notified that it v X No rmation (F.13 - F.15.) for each current and fu	iture site.	
F.12.	Remediation Waste. Yes (complete Provide a list of sites Waste Origin. Desc	p. Does the treatment we e F.13 through F.15.) and the requested infor cribe the site and type of	orks currently (or has it been notified that it v X No rmation (F.13 - F.15.) for each current and fu	iture site.	
F.12.	Remediation Waste. Yes (complete Provide a list of sites Waste Origin. Desc	p. Does the treatment we e F.13 through F.15.) and the requested infor cribe the site and type of	orks currently (or has it been notified that it v X No rmation (F.13 - F.15.) for each current and fu	iture site.	
F.12. F.13.	Yes (complete Provide a list of sites Waste Origin. Descoriginate in the next fi	p. Does the treatment we e F.13 through F.15.) and the requested infor cribe the site and type of five years).	orks currently (or has it been notified that it w X No rmation (F.13 - F.15.) for each current and fu f facility at which the CERCLA/RCRA/or other	iture site. er remedial waste originates (or is expect	ed to
F.12.	Pollutants. List the	Does the treatment were F.13 through F.15.) and the requested inforceribe the site and type of five years).	orks currently (or has it been notified that it w X No rmation (F.13 - F.15.) for each current and full facility at which the CERCLA/RCRA/or other	iture site. er remedial waste originates (or is expect	ed to
F.12. F.13.	Pollutants. List the	p. Does the treatment we e F.13 through F.15.) and the requested infor cribe the site and type of five years).	orks currently (or has it been notified that it w X No rmation (F.13 - F.15.) for each current and full facility at which the CERCLA/RCRA/or other	iture site. er remedial waste originates (or is expect	ed to
F.12. F.13.	Pollutants. List the	Does the treatment were F.13 through F.15.) and the requested inforceribe the site and type of five years).	orks currently (or has it been notified that it w X No rmation (F.13 - F.15.) for each current and full facility at which the CERCLA/RCRA/or other	iture site. er remedial waste originates (or is expect	ed to
F.12. F.13.	Pollutants. List the	Does the treatment were F.13 through F.15.) and the requested inforceribe the site and type of five years).	orks currently (or has it been notified that it w X No rmation (F.13 - F.15.) for each current and full facility at which the CERCLA/RCRA/or other	iture site. er remedial waste originates (or is expect	ed to
F.12. F.13.	Pollutants. List the	Does the treatment were F.13 through F.15.) and the requested inforceribe the site and type of five years).	orks currently (or has it been notified that it w X No rmation (F.13 - F.15.) for each current and full facility at which the CERCLA/RCRA/or other	iture site. er remedial waste originates (or is expect	ed to
F.12. F.13.	Pollutants. List the	Does the treatment were F.13 through F.15.) and the requested inforceribe the site and type of five years).	orks currently (or has it been notified that it w X No rmation (F.13 - F.15.) for each current and full facility at which the CERCLA/RCRA/or other	iture site. er remedial waste originates (or is expect	ed to
F.13.	Pollutants. List the known. (Attach addit	b. Does the treatment were F.13 through F.15.) and the requested inforceribe the site and type of five years). The property of the stream of	orks currently (or has it been notified that it wasXNo	iture site. er remedial waste originates (or is expect	ed to
F.13.	Yes (complete Provide a list of sites Waste Origin. Desc originate in the next fi Pollutants. List the k known. (Attach addit	b. Does the treatment were F.13 through F.15.) and the requested information of the site and type of the site and type of the years). The property of the treatment of the trea	orks currently (or has it been notified that it w X No rmation (F.13 - F.15.) for each current and full facility at which the CERCLA/RCRA/or other	iture site. er remedial waste originates (or is expect	ed to
F.13.	Pollutants. List the known. (Attach addit Waste Treatment. a. Is this waste tree	e. Does the treatment were F.13 through F.15.) and the requested information of the site and type of five years). The treatment were and type of five years.	orks currently (or has it been notified that it w X No rmation (F.13 - F.15.) for each current and fulf facility at which the CERCLA/RCRA/or other that are received (or are expected to receivery).	iture site. er remedial waste originates (or is expect	ed to
F.13. F.14.	Pollutants. List the known. (Attach addit Waste Treatment. a. Is this waste tree	e. Does the treatment were F.13 through F.15.) and the requested information of the site and type of five years). The treatment were and type of five years.	orks currently (or has it been notified that it wasXNo	iture site. er remedial waste originates (or is expect	ed to
F.13. F.14.	Pollutants. List the known. (Attach addit Waste Treatment. a. Is this waste tree	e. Does the treatment were F.13 through F.15.) and the requested information of the site and type of five years). The treatment were and type of five years.	orks currently (or has it been notified that it w X No rmation (F.13 - F.15.) for each current and fulf facility at which the CERCLA/RCRA/or other that are received (or are expected to receivery).	iture site. er remedial waste originates (or is expect	ed to
F.13. F.14.	Pollutants. List the known. (Attach addit Waste Treatment. a. Is this waste tree	e. Does the treatment were F.13 through F.15.) and the requested information of the site and type of five years). The treatment were and type of five years.	orks currently (or has it been notified that it w X No rmation (F.13 - F.15.) for each current and fulf facility at which the CERCLA/RCRA/or other that are received (or are expected to receivery).	iture site. er remedial waste originates (or is expect	ed to
F.13.	Pollutants. List the known. (Attach addit Waste Treatment. a. Is this waste tree	e. Does the treatment were F.13 through F.15.) and the requested information of the site and type of five years). The treatment were and type of five years.	orks currently (or has it been notified that it w X No rmation (F.13 - F.15.) for each current and fulf facility at which the CERCLA/RCRA/or other that are received (or are expected to receivery).	iture site. er remedial waste originates (or is expect	ed to
F.13.	Pollutants. List the known. (Attach additional described in the second describ	b. Does the treatment were F.13 through F.15.) and the requested information of the site and type of five years). The provide the site and type of five years). The provide the site and type of five years).	orks currently (or has it been notified that it w X No rmation (F.13 - F.15.) for each current and fulf facility at which the CERCLA/RCRA/or other that are received (or are expected to receivery). and prior to entering the treatment works?	iture site. er remedial waste originates (or is expect	ed to
F.13. F.14.	Pollutants. List the known. (Attach additional described in the second describ	b. Does the treatment were F.13 through F.15.) and the requested information of the site and type of five years). The provide the site and type of five years). The provide the site and type of five years).	orks currently (or has it been notified that it w X No rmation (F.13 - F.15.) for each current and fulf facility at which the CERCLA/RCRA/or other that are received (or are expected to receivery).	iture site. er remedial waste originates (or is expect	ed to
F.13.	Pollutants. List the known. (Attach additional described in the second describ	a. Does the treatment were F.13 through F.15.) and the requested information of the site and type of the site and type of the years). The provided in the treatment of the trea	orks currently (or has it been notified that it w X No rmation (F.13 - F.15.) for each current and fulf facility at which the CERCLA/RCRA/or other that are received (or are expected to receivery). and prior to entering the treatment works?	er remedial waste originates (or is expect	ed to
F.13. F.14.	Pollutants. List the known. (Attach addit Waste Treatment. a. Is this waste to Yes If yes, describe	a. Does the treatment were F.13 through F.15.) and the requested information of the site and type of the site and type of the years). The provided in the treatment of the trea	orks currently (or has it been notified that it w X No rmation (F.13 - F.15.) for each current and full facility at which the CERCLA/RCRA/or other that are received (or are expected to receive ry). ed) prior to entering the treatment works? Information about the removal efficiency):	er remedial waste originates (or is expect	ed to

SUI	BRL	ementa	L'APPLICATE	<u>ON INFORM</u>	MATION				
PAR	THE REPORT	NDUSTRIAL	USER DISCHARG	ES/AND/RGRA/	GERCLAN	VASTES AVA			
All fro	imeni	works receiving	lischarges from significa	ant industrial users or	whichireceiv	RORA CERC	A-or other reme	dial wastes must	complete Part E
		. INFORMAT							
F.1.	Pretr	eatment Progra	m. Does the treatment	works have, or is it su	ubject to, an a	approved pretrea	tment program?		
	x	Yes	_No						
F.2.									
Γ.Ζ.			Industrial Users (SIUs) and the treatment works.	and Categorical Indus	striai Users (C	Cius). Provide ti	ne number of eac	or the following	types of industrial
	a.	Number of no	n-categorical SIUs.	19	-				
	b.	Number of CII	Js.	22	-				
SIGN	IIFICA	NT INDUST	RIAL USER INFOR	RMATION:					
		llowing informa	tion for each SIU. If m	ore than one SIU di	scharges to	the treatment v	vorks, copy que	stions F.3 throu	jh F.8 and provide
LIIG; 1111	Omian	onnequestedno	<u></u>						
F.3.	Signi neces		User Information. Pro	ovide the name and a	ddress of ead	ch SIU dischargii	ng to the treatme	nt works. Submit	additional pages a
	Name) ;	Eagle Truck Wash		···-				
	Mailin	ıg Address:	3018 Lee Highway S	outh					
		.	Troutville, VA 24175						
F.4.	Indus	strial Processes.	. Describe all of the indu	ustrial processes that	affect or con	tribute to the SIU	's discharge.		
	Truck	Wash; SIC Coo	le: 488490; Other supp	oort activities for roa	d transporta	ation			
F.5.									
	Princ	ipal Product(s)	and Raw Material(s). D	Describe all of the prin	cipal process	ses and raw mate	erials that affect	or contribute to the	e SIU's discharge.
	Princi	pal product(s):	N/A						
					•				
	Rawr	naterial(s):							
F.6.	Flow	Rate.							
	a.	Process waste	water flow rate. Indicate	• •	•	ess wastewater	discharged into t	he collection syst	em in gallons per
		2,500	whether the discharge is	continuous or intern					
		<u> </u>							
	b.	,	vastewater flow rate. Ind y (gpd) and whether the	•	•	•	stewater flow dis	charged into the d	collection system in
			gpd (c	continuous ori	ntermittent)				
		· · · · · ·	_950	<u></u>					
F.7.	Pretre	eatment Standar	ds. Indicate whether th	ne SIU is subject to the	e following:				
	a.	Local limits		X_Yes		No			
	b.	Categorical pro	etreatment standards	_X_Yes	No				
	lf subj	ect to categorica	I pretreatment standards	s, which category and	subcategory	?			
	40 CF	R 442 (Transpo	rtation Equipment Clea	aning)					<u></u>

FAÇIL	III INA	ME AND PERMIT NUMBER:	Form Approved 1/14/99				
Neste	rn Virç	ginia Water Authority Water Pollution Control Plant; VA0025020	OMB Number 2040-0086				
	Prob	lems at the Treatment Works Attributed to Waste Discharged by the SIU. Has					
.8.	upsets, interference) at the treatment works in the past three years? Yes X No If yes, describe each episode.						
		Yes X No If yes, describe each episode.					
RCR/	HAZ	ARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPEL	INE:				
		, , , , , , , , , , , , , , , , , , , ,					
9.		A Waste. Does the treatment works receive or has it in the past three years receive	d RCRA hazardous waste by truck, rail, or dedicate				
	pipe?						
		YesX No (go to F.12.)					
	105	T					
.10.	wast	e Transport. Method by which RCRA waste is received (check all that apply):					
		RailDedicated Pipe					
			** *** *** *** *** *** *** *** *** ***				
·.11.		e Description. Give EPA hazardous waste number and amount (volume or mass,					
	EPA I	Hazardous Waste Number Amount	<u>Units</u>				
·PDA	T A /C	UDEDELIND) WASTEWATED, DODA DEMEDIATION/CODDECTIVE ACT					
	-	UPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACT TER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:	IION				
.12.		ediation Waste. Does the treatment works currently (or has it been notified that it was Yes (complete F.13 through F.15.) X No de a list of sites and the requested information (F.13 - F.15.) for each current and fut					
	Provid	Yes (complete F.13 through F.15.)	ure site.				
.12.	Provid	Yes (complete F.13 through F.15.) X No de a list of sites and the requested information (F.13 - F.15.) for each current and fut e Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other	ure site.				
.13.	Provide Waste original Pollut	Yes (complete F.13 through F.15.) X No de a list of sites and the requested information (F.13 - F.15.) for each current and fut e Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other	ure site. remedial waste originates (or is expected to				
	Provide Waste original Pollut known	Yes (complete F.13 through F.15.) X No de a list of sites and the requested information (F.13 - F.15.) for each current and fut e Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other ate in the next five years). tants. List the hazardous constituents that are received (or are expected to received)	ure site. remedial waste originates (or is expected to				
.13.	Provide Waste original Pollut known	Yes (complete F.13 through F.15.) Z No de a list of sites and the requested information (F.13 - F.15.) for each current and fut e Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other ate in the next five years). tants. List the hazardous constituents that are received (or are expected to received). (Attach additional sheets if necessary).	ure site. remedial waste originates (or is expected to				
.13.	Provide Waste original Pollut known	Yes (complete F.13 through F.15.) Z No de a list of sites and the requested information (F.13 - F.15.) for each current and fut e Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other ate in the next five years). tants. List the hazardous constituents that are received (or are expected to received). (Attach additional sheets if necessary).	ure site. remedial waste originates (or is expected to				
.13.	Provide Waste original Pollut known	Yes (complete F.13 through F.15.) X No de a list of sites and the requested information (F.13 - F.15.) for each current and fut e Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other ate in the next five years). tants. List the hazardous constituents that are received (or are expected to received). (Attach additional sheets if necessary).	ure site. remedial waste originates (or is expected to				
.13. .14.	Provide Waste original Pollut known	Yes (complete F.13 through F.15.) X No de a list of sites and the requested information (F.13 - F.15.) for each current and fut Be Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other ate in the next five years). Stants. List the hazardous constituents that are received (or are expected to received). (Attach additional sheets if necessary). Be Treatment. Is this waste treated (or will it be treated) prior to entering the treatment works? YesNo	ure site. remedial waste originates (or is expected to				
.13. .14.	Provide Waste original Pollut known	Yes (complete F.13 through F.15.) X No de a list of sites and the requested information (F.13 - F.15.) for each current and fut Be Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other ate in the next five years). Stants. List the hazardous constituents that are received (or are expected to received). (Attach additional sheets if necessary). Be Treatment. Is this waste treated (or will it be treated) prior to entering the treatment works? YesNo	ure site. remedial waste originates (or is expected to				
	Provide Waste original Pollut known	Yes (complete F.13 through F.15.) X No de a list of sites and the requested information (F.13 - F.15.) for each current and fut Be Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other ate in the next five years). Stants. List the hazardous constituents that are received (or are expected to received). (Attach additional sheets if necessary). Be Treatment. Is this waste treated (or will it be treated) prior to entering the treatment works? YesNo	ure site. remedial waste originates (or is expected to				
	Provide Waste original Pollut known	Yes (complete F.13 through F.15.) Let a list of sites and the requested information (F.13 - F.15.) for each current and fut the Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other attein the next five years). List the hazardous constituents that are received (or are expected to received in (Attach additional sheets if necessary). Treatment. Is this waste treated (or will it be treated) prior to entering the treatment works? Yes No If yes, describe the treatment (provide information about the removal efficiency):	ure site. remedial waste originates (or is expected to				
.13.	Provide Waste original Pollut known	Yes (complete F.13 through F.15.) Let a list of sites and the requested information (F.13 - F.15.) for each current and fut the Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other attein the next five years). List the hazardous constituents that are received (or are expected to received and the constituents of the constituents and the constituents are received (or are expected to received and the constituents of	remedial waste originates (or is expected to				
.13. .14.	Provide Waste original Pollut known	Yes (complete F.13 through F.15.) Let a list of sites and the requested information (F.13 - F.15.) for each current and fut the Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other attein the next five years). List the hazardous constituents that are received (or are expected to received in (Attach additional sheets if necessary). Treatment. Is this waste treated (or will it be treated) prior to entering the treatment works? Yes No If yes, describe the treatment (provide information about the removal efficiency):	remedial waste originates (or is expected to				
.13. .14.	Provide Waste original Pollut known	Yes (complete F.13 through F.15.) It a list of sites and the requested information (F.13 - F.15.) for each current and fut the a list of sites and the requested information (F.13 - F.15.) for each current and fut the origin. Describe the site and type of facility at which the CERCLA/RCRA/or other ate in the next five years). It ants. List the hazardous constituents that are received (or are expected to received in (Attach additional sheets if necessary). It is this waste treated (or will it be treated) prior to entering the treatment works? Yes No If yes, describe the treatment (provide information about the removal efficiency): Is the discharge (or will the discharge be) continuous or intermittent? Continuous Intermittent If intermittent, describe	remedial waste originates (or is expected to				
.13. .14.	Provide Waste original Pollut known Waste a.	Yes (complete F.13 through F.15.) Let a list of sites and the requested information (F.13 - F.15.) for each current and fut the Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other attein the next five years). List the hazardous constituents that are received (or are expected to received and the constituents of the constituents and the constituents are received (or are expected to received and the constituents of	remedial waste originates (or is expected to d). Include data on volume and concentration, if discharge schedule.				

INCOME AND ADDRESS OF	All and a resemble to the second of the seco	LAPPECATION INFORMATION
		USER DISCHARGES AND RCRA/CERCLA WASHES AND RCRA/CERCLA WASHES AND RCRA/CERCLA Of other remedial wastes must complete Part 5.
	ERAL INFORMAT	
F.1.	Pretreatment Progra	am. Does the treatment works have, or is it subject to, an approved pretreatment program?No
F.2.	Number of Cignificant	Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial
	•	to the treatment works.
	a. Number of no	on-categorical SIUs. 19
	b. Number of CI	Us. <u>22</u>
		RIAL USER INFORMATION:
	the second secon	ation for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provid or each SIU.
F.3.	Significant Industria necessary.	I User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages a
	Name:	Fred Whitaker Company
	Mailing Addrona	044 Industry Augus S E
	Mailing Address:	941 Industry Avenue, S.E. Roanoke, VA 24013
F.4.	Industrial Processes Dyeing, operating, w	. Describe all of the industrial processes that affect or contribute to the SIU's discharge.
F.5.	Principal Product(s)	and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.
	Principal product(s):	Dye carpet yarn and yarn for apparel and upholstery
	Raw material(s):	Cotton, polyester, and nylon yarns
F.6.		ewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per whether the discharge is continuous or intermittent. _gpd (_Xcontinuous orintermittent)
		wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in y (gpd) and whether the discharge is continuous or intermittentgpd (_X_continuous or intermittent)
F.7.	Pretreatment Standa	rds. Indicate whether the SIU is subject to the following:
	a. Local limits	
	b. Categorical pr	retreatment standards Yes X No
	If subject to categorica	al pretreatment standards, which category and subcategory?

	ITY NAME AND PERMI		Form Approved 1/14/99	
Veste	rn Virginia Water Auth	oritv Water Polluti	on Control Plant; VA0025020	OMB Number 2040-0086
.8.	Problems at the Trea	tment Works Attril		as the SIU caused or contributed to any problems (
	YesX	No If y	yes, describe each episode.	
 7				Land Marian and American State of the Control of th
			Y TRUCK, RAIL, OR DEDICATED PIP	
9.	pipe?	he treatment works X No (go to F	, ,	ived RCRA hazardous waste by truck, rail, or dedic
10.	Waste Transport, Me	thad by which RCR	A waste is received (check all that apply):	
10.	Truck	Rail	Dedicated Pipe	
11.	Waste Description. G	Sive EPA hazardous	s waste number and amount (volume or mass	s, specify units).
	EPA Hazardous Waste	<u>Number</u>	<u>Amount</u>	<u>Units</u>
	• · · · · · · · · · · · · · · · · · · ·			
RC	LA (SUPERFUND) W	ASTEWATER, F	RCRA REMEDIATION/CORRECTIVE A	CTION
			ACTIVITY WASTEWATER:	
3.	Provide a list of sites ar	·	X No formation (F.13 - F.15.) for each current and of facility at which the CERCLA/RCRA/or other	future site. her remedial waste originates (or is expected to
J.	originate in the next five		Of lacility at which the OLIVOLPHIOTAGO Of	lei fefficulai waste originates (or is expected to
14.	Pollutants. List the ha known. (Attach addition			ved). Include data on volume and concentration, if
14.				ved). Include data on volume and concentration, it
				ved). Include data on volume and concentration, i
	known. (Attach addition	nal sheets if necess		ved). Include data on volume and concentration, it
	Waste Treatment. a. Is this waste trea	nal sheets if necess ated (or will it be trea	ated) prior to entering the treatment works?	
	Waste Treatment. a. Is this waste trea	nal sheets if necess ated (or will it be trea	aary).	
	Waste Treatment. a. Is this waste trea	nal sheets if necess ated (or will it be trea	ated) prior to entering the treatment works?	
	Waste Treatment. a. Is this waste trea Yes If yes, describe to	nal sheets if necess ated (or will it be trea No he treatment (provic	ated) prior to entering the treatment works?	
	Waste Treatment. a. Is this waste trea Yes If yes, describe to	nal sheets if necess ated (or will it be trea No he treatment (provic	eary). ated) prior to entering the treatment works? de information about the removal efficiency): e be) continuous or intermittent?	ved). Include data on volume and concentration, if

West	ern Virgi:	nia Water	Authority Water Pollution	n Control Plant; VA0025020		OMB Number 2040-0086	
SU	PPLE	MEN	FAL APPLICAT	ON INFORMATI	ON CONTRACTOR		
PAR	T FRIN	IDUSTR	MEUSER DISCHAR	GESYAND RORA/CERC	EAWASTESS 4		All officer Constitution
		ORKSTRECEIV INFORM		T		orotherremedial wastes must comple	te Parti-
				(Color of the Col		e de de la Reina de la Companya de Trabasa de la Seguina de La Seguina de La Seguina de La Seguina de La Cale La Companya de la Co	
.1.	Pretre	atment Pr	ogram. Does the treatmer	nt works have, or is it subject to	, an approved pretreatm	ent program?	
				······································	, .		
	<u> </u>	_Yes _	No				
.2.	Numbe	er of Signifi	cant industrial Users (SIUs	s) and Categorical Industrial Us	ers (CIUs). Provide the	number of each of the following types of	of industrial
	users t		rge to the treatment works.	•			
	a.		of non-categorical SIUs.	19			
	b.	Number	of Clus.	22			
iGN	IIFICAI	UDNI TV	STRIAL USER INFO	RMATION:			
They 25	- 1 To 1 T	535.4 (0).2 (2).3 (3).5	ormation for each SIU. If d for each SIU.	THE RESERVE OF THE PARTY OF THE	es to the treatment wor	ks copy questions F.3 through F.8 a	and provide
7.00.100	ioj mano	II/Iequeste	unoiseacii sidis	次。 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	1979年,1979年,1979年,1979年,1979年		
.3.	Signifi necess		strial User Information. F	Provide the name and address	of each SIU discharging t	o the treatment works. Submit addition	nal pages as
	1100000	iai y.					
	Name:		Freight Car Americ	ca			_
			•		-		7
	Mailing	Address:	830 Campbell Ave	nue			_
			Roanoke, VA 2401	2			_
,	lu di sati	rial Drassa	naan Dagadha ali afika is	dustrial proposes that affact a	. gantsihuta ta tha CII lla .	Jia aharaa	
.4.				dustrial processes that affect c cility manufactures aluminur			
	0.0 00	.40, 01-10,	ramous Equipment, To	onity managed and man	Thoight date for familia	a transportation	-
.5.	Drineir	al Produc	t/c) and Paw Material(e)	Describe all of the principal of	ocesses and raw materic	ls that affect or contribute to the SIU's	diecharge
	rinicit	ai riouuc	ilə) allu Kaw materialis).	Describe all of the principal pr	Occases and raw materia	is that affect of contribute to the 510 s	discriarge.
	Principa	al product(s): Aluminum frieght	cars			
							•
	Raw m	aterial(s):	Aluminum sheet m	etal, cast steel, and steel ext	rusions		-
·.6.	Flow R a.		vastewater flow rate. Indic	ate the average daily volume of	f process wastewater dis	charged into the collection system in g	allons per
				e is continuous or intermittent.	, product viduolitato, ale	onalgos mio mo osneonen ejelen m	
		12,00	95 gpd (_continuous or X_intermitte	nt)		
	b.	Non-proce	ess wastewater flow rate.	Indicate the average daily volu	me of non-process waste	water flow discharged into the collection	on svstem in
	٠.			ne discharge is continuous or ir		······································	
			gpd (_continuous or intermitt	ent)		
	D *		and a state of the	The CHIPS with the Co. C. C.	t		
.7.		itment Sta Local limit		the SIU is subject to the follow	_		
	a. b.		s al pretreatment standards	XYes Yes	No No		
	~.	Jacogono	a. procedinont standards				
	If subje	ct to categ	orical pretreatment standar	rds, which category and subcat	egory?		
	•	•	(Metal Finishing)				_

Nocto		Form Approved 1/14/99		
16216	rn Virginia Water Authority Water Pollution Control Plant; VA0025020	OMB Number 2040-0086		
-8.	Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has upsets, interference) at the treatment works in the past three years?	the SIU caused or contributed to any problems (
	Yes X No If yes, describe each episode.			
CR/	HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPE	LINE:		
.9.	RCRA Waste. Does the treatment works receive or has it in the past three years received	ed RCRA hazardous waste by truck, rail, or dedic		
	pipe?YesX No (go to F.12.)			
.10.	Waste Transport. Method by which RCRA waste is received (check all that apply):			
	TruckRailDedicated Pipe			
.11.	Waste Description. Give EPA hazardous waste number and amount (volume or mass,	specify units).		
	EPA Hazardous Waste Number Amount	<u>Units</u>		
	LA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE AC EWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:	TION		
	· · · · · · · · · · · · · · · · · · ·			
.12.	Remediation Waste. Does the treatment works currently (or has it been notified that it v	vill) receive waste from remedial activities?		
		•		
	Yes (complete F.13 through F.15.)			
	Yes (complete F.13 through F.15.) Provide a list of sites and the requested information (F.13 - F.15.) for each current and fu			
13	Provide a list of sites and the requested information (F.13 - F.15.) for each current and fu	iture site.		
13.		iture site.		
.13.	Provide a list of sites and the requested information (F.13 - F.15.) for each current and fu Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other	iture site.		
13.	Provide a list of sites and the requested information (F.13 - F.15.) for each current and fu Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other	iture site.		
.13.	Provide a list of sites and the requested information (F.13 - F.15.) for each current and fu Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other	iture site.		
	Provide a list of sites and the requested information (F.13 - F.15.) for each current and full waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other originate in the next five years).	rture site. er remedial waste originates (or is expected to		
	Provide a list of sites and the requested information (F.13 - F.15.) for each current and full Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other originate in the next five years). Pollutants. List the hazardous constituents that are received (or are expected to receive)	rture site. er remedial waste originates (or is expected to		
	Provide a list of sites and the requested information (F.13 - F.15.) for each current and full waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other originate in the next five years).	rture site. er remedial waste originates (or is expected to		
	Provide a list of sites and the requested information (F.13 - F.15.) for each current and full Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other originate in the next five years). Pollutants. List the hazardous constituents that are received (or are expected to receive)	rture site. er remedial waste originates (or is expected to		
14.	Provide a list of sites and the requested information (F.13 - F.15.) for each current and full Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other originate in the next five years). Pollutants. List the hazardous constituents that are received (or are expected to receive)	rture site. er remedial waste originates (or is expected to		
14.	Provide a list of sites and the requested information (F.13 - F.15.) for each current and full Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other originate in the next five years). Pollutants. List the hazardous constituents that are received (or are expected to receive known. (Attach additional sheets if necessary).	rture site. er remedial waste originates (or is expected to		
14.	Provide a list of sites and the requested information (F.13 - F.15.) for each current and further waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other originate in the next five years). Pollutants. List the hazardous constituents that are received (or are expected to receive known. (Attach additional sheets if necessary). Waste Treatment.	rture site. er remedial waste originates (or is expected to		
14.	Provide a list of sites and the requested information (F.13 - F.15.) for each current and full waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other originate in the next five years). Pollutants. List the hazardous constituents that are received (or are expected to receive known. (Attach additional sheets if necessary). Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment works?	rture site. er remedial waste originates (or is expected to		
13. 14.	Provide a list of sites and the requested information (F.13 - F.15.) for each current and full waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other originate in the next five years). Pollutants. List the hazardous constituents that are received (or are expected to receive known. (Attach additional sheets if necessary). Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment works? YesNo	rture site. er remedial waste originates (or is expected to		
14.	Provide a list of sites and the requested information (F.13 - F.15.) for each current and full waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other originate in the next five years). Pollutants. List the hazardous constituents that are received (or are expected to receive known. (Attach additional sheets if necessary). Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment works? Yes No If yes, describe the treatment (provide information about the removal efficiency):	rture site. er remedial waste originates (or is expected to		
14.	Provide a list of sites and the requested information (F.13 - F.15.) for each current and full waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other originate in the next five years). Pollutants. List the hazardous constituents that are received (or are expected to receive known. (Attach additional sheets if necessary). Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment works? Yes No If yes, describe the treatment (provide information about the removal efficiency):	er remedial waste originates (or is expected to		
14.	Provide a list of sites and the requested information (F.13 - F.15.) for each current and full Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other originate in the next five years). Pollutants. List the hazardous constituents that are received (or are expected to receive known. (Attach additional sheets if necessary). Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment works? Yes No If yes, describe the treatment (provide information about the removal efficiency): b. Is the discharge (or will the discharge be) continuous or intermittent?	er remedial waste originates (or is expected to		
14.	Provide a list of sites and the requested information (F.13 - F.15.) for each current and full Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other originate in the next five years). Pollutants. List the hazardous constituents that are received (or are expected to receive known. (Attach additional sheets if necessary). Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment works? Yes No If yes, describe the treatment (provide information about the removal efficiency): b. Is the discharge (or will the discharge be) continuous or intermittent?	er remedial waste originates (or is expected to		

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Western Virginia Water Authority Water Pollution Control Plant; VA0025020 OMB Number 2040-0086 SUPPLEMENTAL APPLICATION INFORMATION 2 PARTE INDUSTRIALIUSER DISCHARGES AND RERAIGERELA All treatment works receiving discharges from significant industrial users **GENERAL INFORMATION:** Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program? F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works. Number of non-categorical SIUs. Number of CIUs. SIGNIFICANT INDUSTRIAL USER INFORMATION: Supply the following information for each SIU. If more than one SIU discharges to the treatment works copy questions F.3 through F.8 and provide the information requested for each SIU: F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary. Name: General Electric Mailing Address: 1501 Roanoke Boulevard Roanoke, VA 24153 Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge. F.4. Metal Cleaning/Phosphating, Drum Washing, Water Screen Paint Booth Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's F.5. discharge. **Automatic Control System for Industrial Application** Principal product(s): Raw material(s): **Sheet Metal** F.6. Flow Rate. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. 17,000 ___continuous or X intermittent) gpd Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection b. system in gallons per day (gpd) and whether the discharge is continuous or intermittent. 24,000 (X continuous or intermittent) gpd F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following: Local limits a. b. Categorical pretreatment standards If subject to categorical pretreatment standards, which category and subcategory?

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	ITY NAME AND PERM		1	Form Approved 1/14/99			
Weste		hority Water Pollution		OMB Number 2040-0086			
Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems, interference at the treatment works in the past three years?							
.0.	Yes X No If yes, describe each episode.						
		_110 ", 300,	, doddiod dddi. opioddd.				
		<u> </u>					
RCR/	A HAZARDOUS WA	STE RECEIVED BY 1	TRUCK, RAIL, OR DEDICATED I	PIPELINE:			
F.9.	RCRA Waste. Does	the treatment works rec	eive or has it in the past three years re	eceived RCRA hazardous wast	e by truck, rail, or dedicat		
	pipe?						
	Yes	X No (go to F.12	l.)				
. 40	Mosts Turnensut M	lethed brookiek DODA					
₹.10.	_	-	vaste is received (check all that apply)	:			
	Truck	Rail	Dedicated Pipe				
F.11.	Waste Description	Give EPA hazardous wa	aste number and amount (volume or n	nass specify units)			
	EPA Hazardous Wasi		Amount	Units			
	El Fri Interiordo Tradi	THE PROPERTY OF THE PROPERTY O	<u> </u>	<u>5.111.0</u>			
					-		
		"		<u> </u>	•		
				·	-		
	A (OUREREUMB)	WASTELLITED DOC	A DEMENIATION/CODDECTIVE	ACTION			
			RA REMEDIATION/CORRECTIVE				
			TIVITY WASTEWATER:				
WAS1	TEWATER, AND OT	HER REMEDIAL ACT	TIVITY WASTEWATER:				
WAS1	Remediation Waste.	Does the treatment wor	rks currently (or has it been notified th	at it will) receive waste from rei	medial activities?		
WAS1	Remediation Waste. Yes (complete	Does the treatment works.13 through F.15.)	rks currently (or has it been notified th	·	medial activities?		
WAS1	Remediation Waste. Yes (complete	Does the treatment works.13 through F.15.)	rks currently (or has it been notified th	·	medial activities?		
WAS1 ∓.12.	Remediation Waste. Yes (complete Provide a list of sites a	Does the treatment working F.13 through F.15.) and the requested inform	rks currently (or has it been notified th	nd future site.			
<u>WAS1</u> ∓.12.	Remediation Waste. Yes (complete Provide a list of sites a	Does the treatment work F.13 through F.15.) and the requested informable the site and type of f.	rks currently (or has it been notified th X No nation (F.13 - F.15.) for each current a	nd future site.			
<u>WAS1</u> ∓.12.	Remediation Waste. Yes (complete Provide a list of sites a	Does the treatment work F.13 through F.15.) and the requested informable the site and type of f.	rks currently (or has it been notified th X No nation (F.13 - F.15.) for each current a	nd future site.			
<u>WAS1</u> ∓.12.	Remediation Waste. Yes (complete Provide a list of sites a	Does the treatment work F.13 through F.15.) and the requested informable the site and type of f.	rks currently (or has it been notified th X No nation (F.13 - F.15.) for each current a	nd future site.			
WAS1 ∓.12.	Remediation Waste. Yes (complete Provide a list of sites a	Does the treatment work F.13 through F.15.) and the requested informable the site and type of f.	rks currently (or has it been notified th X No nation (F.13 - F.15.) for each current a	nd future site.			
WAS] =.12. =.13.	Remediation Waste. Yes (complete Provide a list of sites a Waste Origin. Descr	Does the treatment work. F.13 through F.15.) and the requested informatibe the site and type of five years).	rks currently (or has it been notified th X No nation (F.13 - F.15.) for each current a	nd future site. other remedial waste originate	es (or is expected to		
<u>WAST</u> 12. 13.	Remediation Waste. Yes (complete Provide a list of sites a Waste Origin. Descr originate in the next fire Pollutants. List the h	Does the treatment work. F.13 through F.15.) and the requested informable the site and type of five years).	rks currently (or has it been notified the X No nation (F.13 - F.15.) for each current a facility at which the CERCLA/RCRA/or nat are received (or are expected to re	nd future site. other remedial waste originate	es (or is expected to		
<u>WAST</u> 12. 13.	Remediation Waste. Yes (complete Provide a list of sites a Waste Origin. Descr originate in the next fire Pollutants. List the h	Does the treatment work. F.13 through F.15.) and the requested informatibe the site and type of five years).	rks currently (or has it been notified the X No nation (F.13 - F.15.) for each current a facility at which the CERCLA/RCRA/or nat are received (or are expected to re	nd future site. other remedial waste originate	es (or is expected to		
<u>WAST</u> 12. 13.	Remediation Waste. Yes (complete Provide a list of sites a Waste Origin. Descr originate in the next fire Pollutants. List the h	Does the treatment work. F.13 through F.15.) and the requested informable the site and type of five years).	rks currently (or has it been notified the X No nation (F.13 - F.15.) for each current a facility at which the CERCLA/RCRA/or nat are received (or are expected to re	nd future site. other remedial waste originate	es (or is expected to		
<u>WAST</u> =.12. =.13.	Remediation Waste. Yes (complete Provide a list of sites a Waste Origin. Descr originate in the next fire Pollutants. List the h	Does the treatment work. F.13 through F.15.) and the requested informable the site and type of five years).	rks currently (or has it been notified the X No nation (F.13 - F.15.) for each current a facility at which the CERCLA/RCRA/or nat are received (or are expected to re	nd future site. other remedial waste originate	es (or is expected to		
<u>WAST</u> 12. 13.	Remediation Waste. Yes (complete Provide a list of sites a Waste Origin. Descr originate in the next fire Pollutants. List the h	Does the treatment work. F.13 through F.15.) and the requested informable the site and type of five years).	rks currently (or has it been notified the X No nation (F.13 - F.15.) for each current a facility at which the CERCLA/RCRA/or nat are received (or are expected to re	nd future site. other remedial waste originate	es (or is expected to		
<u>WAST</u> 12. 13.	Remediation Waste. Yes (complete Provide a list of sites a Waste Origin. Descr originate in the next fit Pollutants. List the h known. (Attach addition Waste Treatment.	Does the treatment work F.13 through F.15.) and the requested informable the site and type of five years).	rks currently (or has it been notified the X No nation (F.13 - F.15.) for each current a facility at which the CERCLA/RCRA/or nat are received (or are expected to re	nd future site. other remedial waste originate ceived). Include data on volum	es (or is expected to		
<u>WAST</u> 12. 13.	Remediation Waste. Yes (complete Provide a list of sites a Waste Origin. Descr originate in the next fit Pollutants. List the h known. (Attach addition Waste Treatment.	Does the treatment work F.13 through F.15.) and the requested informable the site and type of five years).	rks currently (or has it been notified the X No nation (F.13 - F.15.) for each current a facility at which the CERCLA/RCRA/or nat are received (or are expected to re).	nd future site. other remedial waste originate ceived). Include data on volum	es (or is expected to		
	Remediation Waste. Yes (complete Provide a list of sites a Waste Origin. Descr originate in the next fit Pollutants. List the h known. (Attach addition Waste Treatment. a. Is this waste treatment.	Does the treatment work F.13 through F.15.) and the requested informable the site and type of five years). Does the treatment work for the site and type of five years.	rks currently (or has it been notified the X No nation (F.13 - F.15.) for each current a facility at which the CERCLA/RCRA/or nat are received (or are expected to re).	nd future site. other remedial waste originate ceived). Include data on volum	es (or is expected to		
<u>WAST</u> 12. 13.	Remediation Waste. Yes (complete Provide a list of sites a Waste Origin. Descr originate in the next fit Pollutants. List the h known. (Attach addition Waste Treatment. a. Is this waste treatment.	Does the treatment work F.13 through F.15.) and the requested informable the site and type of five years). Does the treatment work for the site and type of five years.	rks currently (or has it been notified theXNo	nd future site. other remedial waste originate ceived). Include data on volum	es (or is expected to		
	Remediation Waste. Yes (complete Provide a list of sites a Waste Origin. Descr originate in the next fit Pollutants. List the h known. (Attach addition Waste Treatment. a. Is this waste treatment.	Does the treatment work F.13 through F.15.) and the requested informable the site and type of five years). Does the treatment work for the site and type of five years.	rks currently (or has it been notified theXNo	nd future site. other remedial waste originate ceived). Include data on volum	es (or is expected to		
WAST =.12. =.13.	Remediation Waste. Yes (complete Provide a list of sites a Waste Origin. Descr originate in the next fit Pollutants. List the h known. (Attach addition Waste Treatment. a. Is this waste treatment.	Does the treatment work F.13 through F.15.) and the requested informable the site and type of five years). Does the treatment work for the site and type of five years.	rks currently (or has it been notified theXNo	nd future site. other remedial waste originate ceived). Include data on volum	es (or is expected to		
WAST =.12. =.13.	Remediation Waste. Yes (complete Provide a list of sites a Waste Origin. Descr originate in the next fin Pollutants. List the h known. (Attach addition Waste Treatment. a. Is this waste tree Yes If yes, describe	Does the treatment work F.13 through F.15.) and the requested information the site and type of five years). Bazardous constituents the conal sheets if necessary Bated (or will it be treated to the treatment (provide in the t	rks currently (or has it been notified theXNo	nd future site. other remedial waste originate ceived). Include data on volum	es (or is expected to		
<u>WAST</u> 12. 13.	Remediation Waste. Yes (complete Provide a list of sites a Waste Origin. Descr originate in the next fin Pollutants. List the h known. (Attach addition Waste Treatment. a. Is this waste tree Yes If yes, describe	Does the treatment won F.13 through F.15.) and the requested informibe the site and type of five years). Does the treatment won F.15.) and the requested informibe the site and type of five years).	rks currently (or has it been notified the	nd future site. other remedial waste originate ceived). Include data on volum	es (or is expected to		

SUI	PPL	EMENTA	APPLICATION INFORMATION
			USER DISCHARGES AND RCRA/CERCLA WASTES Scharges from significant industrial users on which receive RCRA CERCLA for other remedial wastes must complete Rant F. S.
GEN	ERAL	INFORMATI	ON:
F.1.		eatment Progra	n. Does the treatment works have, or is it subject to, an approved pretreatment program? _No
F.2.	users a. b.	that discharge to Number of no Number of CIL	Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial of the treatment works. n-categorical SIUs. 19 22 RIAL USER INFORMATION:
			tion for each SIU/sII/amore than one SIU/discharges to the treatment works/copy questions/#/8/through/#8/End/provide
the inf	ormatic	on requested fo	each SIU.
F.3.	Signif neces		User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as
	Name	:	Graham White
	Mailin	g Address:	1242 Colorado Street Salem, VA 24153
F.4.		trial Processes. num anondizing	Describe all of the industrial processes that affect or contribute to the SIU's discharge.
F.5.	Princi	pal Product(s) ៖	and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.
	Princip	oal product(s):	Air Dryers, Pneumatic and Electropneumatic Valves, Air Gauges, and Brake Components
	Raw n	naterial(s):	Cast iron, bronze, aluminum, steel, and stainless steel
F.6.	Flow i	Process waste	water flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per whether the discharge is continuous or intermittent. _gpd (_X_continuous orintermittent)
	b.		restewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in (gpd) and whether the discharge is continuous or intermittent. _gpd (_Xcontinuous orintermittent)
F.7.	Pretre	atment Standar	ds. Indicate whether the SIU is subject to the following:
	a.	Local limits	X Yes No
	b.	Categorical pre	etreatment standards X Yes No
	•	ect to categorical R 433 (Metal Fin	pretreatment standards, which category and subcategory? ishing)

Wester				į
	rn Virginia Water Autl	hority Water Pollution	on Control Plant; VA0025020	OMB Number 2040-0086
8.			outed to Waste Discharged by the SIU. Has s in the past three years?	s the SIU caused or contributed to any problems
	Yes X	No If y	es, describe each episode.	
	-			
RCRA	HAZARDOUS WAS	STE RECEIVED BY	Y TRUCK, RAIL, OR DEDICATED PIPE	LINE:
	RCRA Waste. Does to pipe?	the treatment works r	receive or has it in the past three years receiv	ed RCRA hazardous waste by truck, rail, or dedi
	• •	X No (go to F.	.12.)	
				
10.	-	-	A waste is received (check all that apply):	
•	Truck	Rail	Dedicated Pipe	
F.11.	Waste Description.	Give EPA hazardous	waste number and amount (volume or mass	, specify units).
	EPA Hazardous Wast	e Number	<u>Amount</u>	<u>Units</u>
				
•				
	•		CRA REMEDIATION/CORRECTIVE ACC	TION
				Management and the second seco
	Provide a list of sites a	and the requested into	ormation (F.13 - F.15.) for each current and fo	nure site.
	-	• • • • • • • • • • • • • • • • • • • •	of facility at which the CERCLA/RCRA/or other	er remedial waste originates (or is expected to
	Waste Origin. Descri originate in the next fiv	• • • • • • • • • • • • • • • • • • • •	of facility at which the CERCLA/RCRA/or other	er remedial waste originates (or is expected to
	-	• • • • • • • • • • • • • • • • • • • •	of facility at which the CERCLA/RCRA/or other	er remedial waste originates (or is expected to
	-	• • • • • • • • • • • • • • • • • • • •	of facility at which the CERCLA/RCRA/or othe	er remedial waste originates (or is expected to
- - - 14.	originate in the next fiv	ve years).	s that are received (or are expected to receive	
- - - 14.	originate in the next five policy and provided the policy and provided the provided	ve years).	s that are received (or are expected to receive	
- - 14. -	Pollutants. List the haknown. (Attach addition	ve years).	s that are received (or are expected to receive	er remedial waste originates (or is expected to
- - - - - - - -	Pollutants. List the haknown. (Attach additional Waste Treatment.	e years). azardous constituente onal sheets if necessa	s that are received (or are expected to receivery).	
.14.	Pollutants. List the haknown. (Attach additional Waste Treatment.	e years). azardous constituente onal sheets if necessa	s that are received (or are expected to receive	
.14.	Pollutants. List the haknown. (Attach addition Waste Treatment. a. Is this waste treatment.	azardous constituents onal sheets if necessar ated (or will it be trea	s that are received (or are expected to receivery).	
- - - - - - - -	Pollutants. List the haknown. (Attach addition Waste Treatment. a. Is this waste treatment.	azardous constituents onal sheets if necessar ated (or will it be trea	s that are received (or are expected to receive ary). ted) prior to entering the treatment works?	
- - - - - - - -	Pollutants. List the haknown. (Attach addition Waste Treatment. a. Is this waste treatment.	azardous constituents onal sheets if necessar ated (or will it be trea	s that are received (or are expected to receive ary). ted) prior to entering the treatment works?	
- - - - - - -,15.	Pollutants. List the haknown. (Attach addition Waste Treatment. a. Is this waste tree Yes If yes, describe	azardous constituents onal sheets if necessa ated (or will it be trea	s that are received (or are expected to receive ary). ted) prior to entering the treatment works?	
- - - - - - -,15.	Pollutants. List the haknown. (Attach addition Waste Treatment. a. Is this waste tree Yes If yes, describe	azardous constituents conal sheets if necessar ated (or will it be trea No the treatment (provid	s that are received (or are expected to receive ary). ted) prior to entering the treatment works? e information about the removal efficiency):	ed). Include data on volume and concentration, if
- - - - - - - - -	Pollutants. List the haknown. (Attach addition Waste Treatment. a. Is this waste treatment. Yes If yes, describe	azardous constituents conal sheets if necessar ated (or will it be trea No the treatment (provid	ted) prior to entering the treatment works? e information about the removal efficiency):	ed). Include data on volume and concentration, if
	Pollutants. List the haknown. (Attach addition Waste Treatment. a. Is this waste treatment. If yes, describe b. Is the discharge Continue	azardous constituents conal sheets if necessar ated (or will it be trea No the treatment (provid	ted) prior to entering the treatment works? e information about the removal efficiency):	ed). Include data on volume and concentration, in

SU	PREEMENT/	LAPPLICATION INFORMATION
		USER/DISCHARGES/AND:RCRA/CERCLAWASTIES?
	IERAL INFORMA	
F.1.	Pretreatment Progr	ram. Does the treatment works have, or is it subject to, an approved pretreatment program? No
F.2.	_	nt Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial to the treatment works.
		on-categorical SIUs. 19
	b. Number of C	CIUs. <u>22</u>
		TRIAL USER INFORMATION:
	ly the following inform formation requested:	nation for each SIU. If more than one SIU discharges to the treatment works, copy questions F:3 through F:8 and provide for each SIU.
F.3.		al User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as
	Name:	ITT Night Vision
	Mailing Address:	7635 Plantation Road
		Roanoke, VA 24019
F.4.	Industrial Processe	s. Describe all of the industrial processes that affect or contribute to the SIU's discharge.
	Wafer are enhanced	d/grown, Cutting/Shaping, Etching, Polishing/Lapping, Cleaning
F.5.	Principal Product(s	and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.
	Principal product(s):	Manufactures/Assembles Night Vision Goggles and Other night Vision Devices
	_	
	Raw material(s):	Electronic crystal wafers, glass components, and tube bodies
F.6.		tewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per d whether the discharge is continuous or intermittent. gpd (_Xcontinuous orintermittent)
		wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in ay (gpd) and whether the discharge is continuous or intermittent. gpd (_Xcontinuous or intermittent)
F.7.	Profrastment Stand	ards. Indicate whether the SIU is subject to the following:
۲۰٬۰	a. Local limits	X Yes No
		pretreatment standards X Yes No
		
	,	al pretreatment standards, which category and subcategory?
	40 CFR 469 (Electric	cal and Electronic Components (Phase 1 Subcategory B))

Western Virginia Water Authority Water Pollution Control Plant; VA0025020 Problems at the Treatment Works Attributed to Waste Discharged by the SIU.					OMB Number 2040-0086		
					OMB Number 2040-0086		
8.	upsets, interference) at the treatment works in the past three years?						
	165	XNo	ii yes, desuii	be each episode.			
RCR/	A HAZARDO	JS WASTE RECE	IVED BY TRUCK	K, RAIL, OR DEDICATED PIP	ELINE:		
9.		e. Does the treatme	nt works receive or l	has it in the past three years rece	ived RCRA hazardous waste by truck, rail, or dedica		
	pipe?						
		Yes X No	go to F.12.)				
10.	Waste Trans	port. Method by wh	ich RCRA waste is	received (check all that apply):			
	Truck	R	<u></u>	Dedicated Pipe			
.11.	Waste Desci	iption. Give EPA h	azardous waste nur	nber and amount (volume or mas	s, specify units).		
	EPA Hazardo	us Waste Number		Amount	<u>Units</u>		
					2.00		
	•						
ERC	LA (SUPERI	UND) WASTEWA	TER. RCRA REI	MEDIATION/CORRECTIVE A	CTION		
			EDIAL ACTIVITY				
40	Damadiation	Marks Deer the fo		anthy (as how it have notified that i	Continue and a second second and additional		
.12.				entry (or has it been notined that i	t will) receive waste from remedial activities?		
	Yes (co	omplete F.13 througi	h F.15.)	X No			
				F.13 - F.15.) for each current and	future site.		
					future site.		
.13.	Provide a list	of sites and the requ	iested information (F	F.13 - F.15.) for each current and			
.13.	Provide a list Waste Origin	of sites and the requal. Describe the site	iested information (F	F.13 - F.15.) for each current and	future site. her remedial waste originates (or is expected to		
.13.	Provide a list Waste Origin	of sites and the requ	iested information (F	F.13 - F.15.) for each current and			
.13.	Provide a list Waste Origin	of sites and the requal. Describe the site	iested information (F	F.13 - F.15.) for each current and			
.13.	Provide a list Waste Origin	of sites and the requal. Describe the site	iested information (F	F.13 - F.15.) for each current and			
.13.	Provide a list Waste Origin	of sites and the requal. Describe the site	iested information (F	F.13 - F.15.) for each current and			
.13.	Provide a list Waste Origin	of sites and the requal. Describe the site	iested information (F	F.13 - F.15.) for each current and			
.13.	Provide a list Waste Origin originate in th	of sites and the requirements. Describe the site is enext five years).	ested information (f		ner remedial waste originates (or is expected to		
	Provide a list Waste Origin originate in th	of sites and the requirements. Describe the site is enext five years).	ested information (fand type of facility a				
	Provide a list Waste Origin originate in th	of sites and the requirements. Describe the site is enext five years).	ested information (fand type of facility a		ner remedial waste originates (or is expected to		
	Provide a list Waste Origin originate in th	of sites and the requirements. Describe the site is enext five years).	ested information (fand type of facility a		ner remedial waste originates (or is expected to		
	Provide a list Waste Origin originate in th	of sites and the requirements. Describe the site is enext five years).	ested information (fand type of facility a		ner remedial waste originates (or is expected to		
	Provide a list Waste Origin originate in th	of sites and the requirements. Describe the site is enext five years).	ested information (fand type of facility a		ner remedial waste originates (or is expected to		
.14.	Provide a list Waste Origin originate in th	of sites and the requirements. Describe the site is enext five years). List the hazardous control additional sheets	ested information (fand type of facility a		ner remedial waste originates (or is expected to		
	Provide a list Waste Origin originate in th Pollutants. L known. (Attack Waste Treatm	of sites and the requirement. Describe the site is a next five years). List the hazardous contained the additional sheets	ested information (facility a and type of facility a onstituents that are rif necessary).	F.13 - F.15.) for each current and twhich the CERCLA/RCRA/or off	ner remedial waste originates (or is expected to		
.14.	Provide a list Waste Origin originate in th Pollutants. L known. (Attack Waste Treatm	of sites and the requirement. Describe the site is a next five years). List the hazardous contained the additional sheets	ested information (facility a and type of facility a onstituents that are rif necessary).		ner remedial waste originates (or is expected to		
.14.	Provide a list Waste Origin originate in th Pollutants. L known. (Attack Waste Treatm	of sites and the requirement. Describe the site is a next five years). List the hazardous contained the additional sheets	ested information (formation (formation (formation))) and type of facility a property of facility a property of facility a property of facility and the facility and the facility of facility and the facility and the facility and the facility of facility and the facility and the facility of facility of facility and the facility of f	F.13 - F.15.) for each current and twhich the CERCLA/RCRA/or off	ner remedial waste originates (or is expected to		
.14.	Provide a list Waste Origin originate in th Pollutants. L known. (Attack Waste Treatr a. Is this v	of sites and the requirement. No sites and the requirement. Output Describe the site is a content of the site in the site i	ested information (for any type of facility and typ	eceived (or are expected to receive outline or entering the treatment works?	ner remedial waste originates (or is expected to		
.14.	Provide a list Waste Origin originate in th Pollutants. L known. (Attack Waste Treatr a. Is this v	of sites and the requirement. No sites and the requirement. Output Describe the site is a content of the site in the site i	ested information (for any type of facility a constituents that are references ary).	F.13 - F.15.) for each current and twhich the CERCLA/RCRA/or off	ner remedial waste originates (or is expected to		
.14.	Provide a list Waste Origin originate in th Pollutants. L known. (Attack Waste Treatr a. Is this v	of sites and the requirement. No sites and the requirement. Output Describe the site is a content of the site in the site i	ested information (for any type of facility a constituents that are references ary).	eceived (or are expected to receive outline or entering the treatment works?	ner remedial waste originates (or is expected to		
.14.	Provide a list Waste Origin originate in th Pollutants. L known. (Attack Waste Treatr a. Is this v	of sites and the requirement. No sites and the requirement. Output Describe the site is a content of the site in the site i	ested information (for any type of facility a constituents that are references ary).	eceived (or are expected to receive outline or entering the treatment works?	ner remedial waste originates (or is expected to		
.14.	Provide a list Waste Origin originate in th Pollutants. L known. (Attack Waste Treatr a. Is this v	of sites and the requirement. No sites and the requirement. Output Describe the site is a content of the site in the site i	ested information (for any type of facility a constituents that are references ary).	eceived (or are expected to receive outline or entering the treatment works?	ner remedial waste originates (or is expected to		
.14.	Provide a list Waste Origin originate in th Pollutants. L known. (Attack Waste Treatma. Is this waste the companies of the	of sites and the requirement. In the site is a next five years). In the hazardous contained in the hazardous contained in the site is a next five years). In the hazardous contained	ested information (for and type of facility and typ	eceived (or are expected to received entering the treatment works?	ner remedial waste originates (or is expected to		
.14.	Provide a list Waste Origin originate in th Pollutants. L known. (Attack Waste Treatma. Is this waste the companies of the	of sites and the requirement. In the hazardous control additional sheets In the hazardous control additional	ested information (formation (formation)) onstituents that are raif necessary). It be treated) prior that the provide information (provide information)	eceived (or are expected to received and the treatment works?	ner remedial waste originates (or is expected to		
.14.	Provide a list Waste Origin originate in th Pollutants. L known. (Attack Waste Treatma. Is this waste the companies of the	of sites and the requirement. In the site is a next five years). In the hazardous contained in the hazardous contained in the site is a next five years). In the hazardous contained	ested information (for and type of facility and typ	eceived (or are expected to received and the treatment works?	ner remedial waste originates (or is expected to		
.14.	Provide a list Waste Origin originate in th Pollutants. L known. (Attack Waste Treatma. Is this waste the companies of the	of sites and the requirement. In the hazardous control additional sheets In the hazardous control additional	ested information (formation (formation)) onstituents that are raif necessary). It be treated) prior that the provide information (provide information)	eceived (or are expected to received and the treatment works?	ner remedial waste originates (or is expected to		
.14.	Provide a list Waste Origin originate in th Pollutants. L known. (Attack Waste Treatma. Is this waste the companies of the	of sites and the requirement. In the hazardous control additional sheets In the hazardous control additional	ested information (formation (formation)) onstituents that are raif necessary). It be treated) prior that the provide information (provide information)	eceived (or are expected to received and the treatment works?	ner remedial waste originates (or is expected to		

SU	PPL	EMENTA	L'APPLICATION INFORMATION LE
All tre	atment	works receiving	USER DISCHARGES AND RCRA/CERCEA WASTIES discharges from significant industrial users or which receive!RCRA*CERCEA for other remedial wastes in ustromplete Part Is.
GEN	IERAL	. INFORMAT	ION:
F.1.		eatment Progra	am. Does the treatment works have, or is it subject to, an approved pretreatment program? No
F.2.		•	Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial to the treatment works.
	a.	Number of no	on-categorical SIUs. 19
	b.	Number of Cl	Us. <u>22</u>
SIGN	NIFICA	NT INDUST	RIAL USER INFORMATION:
			ation for each SIU: III more than one SIU discharges to the treatment works, copy questions E.3 through E!8 and provid r.each SIU:
F.3.			User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages a
	neces		
	Name) ;	Koppers Industries Inc.
	Mailin	g Address:	4020 Koppers Road Salem, VA 24153
F.5.			Other Hardwoods Using the Boulton Process and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.
	Princi	pal product(s):	Railroad Ties
	Raw r	naterial(s):	Oak and mixed haardwoods and creosote
İ			
F.6.	Flow a.	Process waste	ewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per whether the discharge is continuous or intermittent.
		~17,000	_gpd (<u>X</u> continuous or <u>inte</u> rmittent)
	b.	•	wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in y (gpd) and whether the discharge is continuous or intermittent.
		~1,000	_gpd (_Xcontinuous or intermittent)
F.7.	Pretre	eatment Standa	rds. Indicate whether the SIU is subject to the following:
	a.	Local limits	No
	b.	Categorical pr	etreatment standards X YesNo
	lf subj	ect to categorica	l pretreatment standards, which category and subcategory?
	40 CF	R 439 (Timber I	Products Subpart H)
I			

I YOL	ITY NAME AND PERMIT NUMBER:	Form Approved 1/14/99
Mostc	rn Virginia Water Authority Water Pollution Control Plant; VA0025	5020 OMB Number 2040-0086
F.8.		ed by the SIU. Has the SIU caused or contributed to any problems (e.g.
	Yes X No If yes, describe each episode	
RCR/	A HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR D	EDICATED PIPELINE:
F.9.	RCRA Waste. Does the treatment works receive or has it in the pas pipe?	st three years received RCRA hazardous waste by truck, rail, or dedicated
	YesX No (go to F.12.)	
F.10.	Waste Transport. Method by which RCRA waste is received (check	
:	Truck Rail Dedicated Pip	pe
F.11.	Waste Description. Give EPA hazardous waste number and amour	nt (volume or mass, specify units).
	EPA Hazardous Waste Number Amount	<u>Units</u>
I I		_
CERC	LA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/C	CORRECTIVE ACTION
WAST	EWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATI	ER:
F.12.	Remediation Waste. Does the treatment works currently (or has it b	peen notified that it will) receive waste from remedial activities?
	Yes (complete F.13 through F.15.) X No.	·
	Provide a list of sites and the requested information (F.13 - F.15.) for	
F.13.	Waste Origin. Describe the site and type of facility at which the CEF originate in the next five years).	RCLA/RCRA/or other remedial waste originates (or is expected to
	3	
F.14.	Pollutante List the hazardous constituents that are received for are	expected to received). Include data on volume and concentration, if
1 . 1-4.	known. (Attach additional sheets if necessary).	expected to received). Include data on volume and concentration, if
E 15	Waste Treatment.	
F.15.	a. Is this waste treated (or will it be treated) prior to entering the tr	reatment works?
	Yes No	reduient works:
	If yes, describe the treatment (provide information about the re-	moval efficiency):
	b. Is the discharge (or will the discharge be) continuous or intermi	
		ittent? intermittent, describe discharge schedule.

West	ern Virginia Water Au	thority Water Pollution Control Plant; VA0025020	OMB Number 2040-0086
SU	PRLEMENTA	LAPPEICATION INFORMATION	
PAR	TEES INDUSTIRIAL	USER DISCHARGES AND RERAVCERCUA WASTIES	
	-	discharges from significant industrial users or which receive RCRANCERGE	
	ERAL INFORMA		The second of th
F.1.	Pretreatment Progr	am. Does the treatment works have, or is it subject to, an approved pretreatment	nent program?
	X Yes	No	
			
F.2.		it Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the to the treatment works.	e number of each of the following types of industrial
	a. Number of n	on-categorical SIUs. 19	
	b. Number of C	ilus. <u>22</u>	
SIGN	IIFICANT INDUST	RIAL USER INFORMATION:	
Süppl		ation for each SIU. If more than one SIU discharges to the treatment wo	rks, copy, questions;F:3 through;F:8 and provide
	rormationirequesteon	or each SIU	的。 第一次,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就
=.3.	Significant Industrian necessary.	al User Information. Provide the name and address of each SIU discharging	to the treatment works. Submit additional pages as
	Name:	Lewis Gale Hospital	
	Mailing Address	4000 Stanfelin Band	
	Mailing Address:	1900 Electric Road Salem, VA 24153	
F.4.	Industrial Processe	s. Describe all of the industrial processes that affect or contribute to the SIU's	s discharge.
	Food preparation as	reas, laboratories, and patient treatment	
F.5.			
	Principal Product(s)	and Raw Material(s). Describe all of the principal processes and raw mater	ials that affect or contribute to the SIU's discharge.
	Principal product(s):	General Medical and Surgical Hospital	
	Raw material(s):	N/A	
F.6.	Flow Rate.		
	a. Process was	tewater flow rate. Indicate the average daily volume of process wastewater di	ischarged into the collection system in gallons per
	cay (gpd) an ~11,000	d whether the discharge is continuous or intermittent. gpd (continuous or <u>X</u> <u>inte</u> rmittent)	
		wastewater flow rate. Indicate the average daily volume of non-process wast ay (gpd) and whether the discharge is continuous or intermittent.	tewater flow discharged into the collection system in
	~90,000	gpd (Xcontinuous or intermittent)	
F.7.		ards. Indicate whether the SIU is subject to the following:	
	Local limits Categorical p	x Yes No retreatment standards Yes X No	
	an anaganadi p		
	If subject to categoric	al pretreatment standards, which category and subcategory?	

	1111111	AME AND PERMIT NUMBER:	Form Approved 1/14/99		
Weste	rn Virg	ginia Water Authority Water Pollution Control Plant; VA0025020	OMB Number 2040-0086		
		lems at the Treatment Works Attributed to Waste Discharged by the SIU. Has	the SIU caused or contributed to any problems (e.		
.8.	upset	ts, interference) at the treatment works in the past three years?			
		Yes X No If yes, describe each episode.			
		<u> </u>			
CRA	HAZ	ARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPEI	LINE:		
·.9.	DCD.	A Waste. Does the treatment works receive or has it in the past three years receive	ed BCBA hazardoue waste by truck rail or dedicat		
	pipe?	• • •	TOTA TREZERADOS WASTE BY TRACK, Tall, Or accident		
	• •	Yes X No (go to F.12.)			
.10.	Wast	e Transport. Method by which RCRA waste is received (check all that apply):			
. 10.	,,,,,,,,				
		RailDedicated Pipe			
.11.		e Description. Give EPA hazardous waste number and amount (volume or mass,			
	EPA I	Hazardous Waste Number Amount	<u>Units</u>		
ERC	LA (S	UPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE AC	TION		
	EWA:	TER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:			
	Reme	ediation Waste. Does the treatment works currently (or has it been notified that it was Yes (complete F.13 through F.15.) X No de a list of sites and the requested information (F.13 - F.15.) for each current and fut			
.12.	Reme Provid	Yes (complete F.13 through F.15.) X No	ture site.		
.12.	Reme Provid	Yes (complete F.13 through F.15.) X No de a list of sites and the requested information (F.13 - F.15.) for each current and fut e Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other	ture site.		
.12.	Reme Provid	Yes (complete F.13 through F.15.) X No de a list of sites and the requested information (F.13 - F.15.) for each current and fut e Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other	ture site.		
.12.	Reme Provid	Yes (complete F.13 through F.15.) X No de a list of sites and the requested information (F.13 - F.15.) for each current and fut e Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other	ture site.		
.12.	Reme Provid	Yes (complete F.13 through F.15.) X No de a list of sites and the requested information (F.13 - F.15.) for each current and fut e Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other	ture site.		
.12.	Provide Waste original Pollut	Yes (complete F.13 through F.15.) X No de a list of sites and the requested information (F.13 - F.15.) for each current and full e Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other ate in the next five years). tants. List the hazardous constituents that are received (or are expected to receive	ture site. r remedial waste originates (or is expected to		
12.	Provide Waste original Pollut	Yes (complete F.13 through F.15.) X No de a list of sites and the requested information (F.13 - F.15.) for each current and fut e Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other ate in the next five years).	ture site. r remedial waste originates (or is expected to		
12.	Provide Waste original Pollut	Yes (complete F.13 through F.15.) X No de a list of sites and the requested information (F.13 - F.15.) for each current and full e Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other ate in the next five years). tants. List the hazardous constituents that are received (or are expected to receive	ture site. r remedial waste originates (or is expected to		
12.	Provide Waste original Pollut	Yes (complete F.13 through F.15.) X No de a list of sites and the requested information (F.13 - F.15.) for each current and full e Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other ate in the next five years). tants. List the hazardous constituents that are received (or are expected to receive	ture site. r remedial waste originates (or is expected to		
.12.	Provide Waste original Pollut	Yes (complete F.13 through F.15.) X No de a list of sites and the requested information (F.13 - F.15.) for each current and full e Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other ate in the next five years). tants. List the hazardous constituents that are received (or are expected to receive	ture site. r remedial waste originates (or is expected to		
	Provide Waste original Pollut known	Yes (complete F.13 through F.15.) X No de a list of sites and the requested information (F.13 - F.15.) for each current and full e Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other ate in the next five years). tants. List the hazardous constituents that are received (or are expected to receive	ture site. r remedial waste originates (or is expected to		
13. 14.	Provide Waste original Pollut known	Yes (complete F.13 through F.15.) Z No de a list of sites and the requested information (F.13 - F.15.) for each current and fut e Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other ate in the next five years). tants. List the hazardous constituents that are received (or are expected to receive n. (Attach additional sheets if necessary).	ture site. r remedial waste originates (or is expected to		
13. 14.	Provide Waste original Pollut known	Yes (complete F.13 through F.15.) Z No de a list of sites and the requested information (F.13 - F.15.) for each current and fut e Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other ate in the next five years). tants. List the hazardous constituents that are received (or are expected to receive n. (Attach additional sheets if necessary).	ture site. r remedial waste originates (or is expected to		
12. 13.	Provide Waste original Pollut known	Yes (complete F.13 through F.15.) Z No de a list of sites and the requested information (F.13 - F.15.) for each current and fut e Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other ate in the next five years). tants. List the hazardous constituents that are received (or are expected to receive n. (Attach additional sheets if necessary). e Treatment. Is this waste treated (or will it be treated) prior to entering the treatment works?	ture site. r remedial waste originates (or is expected to		
13. 14.	Provide Waste original Pollut known	Yes (complete F.13 through F.15.) Z No de a list of sites and the requested information (F.13 - F.15.) for each current and fut e Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other ate in the next five years). tants. List the hazardous constituents that are received (or are expected to receive n. (Attach additional sheets if necessary). e Treatment. Is this waste treated (or will it be treated) prior to entering the treatment works? Yes No	ture site. r remedial waste originates (or is expected to		
13. 14.	Provide Waste original Pollut known	Yes (complete F.13 through F.15.) Z No de a list of sites and the requested information (F.13 - F.15.) for each current and fut e Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other ate in the next five years). tants. List the hazardous constituents that are received (or are expected to receive n. (Attach additional sheets if necessary). e Treatment. Is this waste treated (or will it be treated) prior to entering the treatment works? Yes No	ture site. r remedial waste originates (or is expected to		
.13.	Provide Waste original Pollut known	Yes (complete F.13 through F.15.) Z No de a list of sites and the requested information (F.13 - F.15.) for each current and fut e Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other ate in the next five years). tants. List the hazardous constituents that are received (or are expected to receive n. (Attach additional sheets if necessary). e Treatment. Is this waste treated (or will it be treated) prior to entering the treatment works? Yes No	ture site. r remedial waste originates (or is expected to		
.13.	Provide Waste original known	Yes (complete F.13 through F.15.) Z No de a list of sites and the requested information (F.13 - F.15.) for each current and fut e Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other ate in the next five years). tants. List the hazardous constituents that are received (or are expected to receive n. (Attach additional sheets if necessary). e Treatment. Is this waste treated (or will it be treated) prior to entering the treatment works? Yes No If yes, describe the treatment (provide information about the removal efficiency):	ture site. r remedial waste originates (or is expected to		
.13.	Provide Waste original Pollut known	Yes (complete F.13 through F.15.) Z No de a list of sites and the requested information (F.13 - F.15.) for each current and fut e Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other ate in the next five years). tants. List the hazardous constituents that are received (or are expected to receive n. (Attach additional sheets if necessary). e Treatment. Is this waste treated (or will it be treated) prior to entering the treatment works? Yes No If yes, describe the treatment (provide information about the removal efficiency): Is the discharge (or will the discharge be) continuous or intermittent?	ture site. r remedial waste originates (or is expected to d). Include data on volume and concentration, if		
.13.	Provide Waste original known	Yes (complete F.13 through F.15.) Z No de a list of sites and the requested information (F.13 - F.15.) for each current and fut e Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other ate in the next five years). tants. List the hazardous constituents that are received (or are expected to receive n. (Attach additional sheets if necessary). e Treatment. Is this waste treated (or will it be treated) prior to entering the treatment works? Yes No If yes, describe the treatment (provide information about the removal efficiency):	ture site. r remedial waste originates (or is expected to d). Include data on volume and concentration, if		
	Provide Waste original known	Yes (complete F.13 through F.15.) Z No de a list of sites and the requested information (F.13 - F.15.) for each current and fut e Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other ate in the next five years). tants. List the hazardous constituents that are received (or are expected to receive n. (Attach additional sheets if necessary). e Treatment. Is this waste treated (or will it be treated) prior to entering the treatment works? Yes No If yes, describe the treatment (provide information about the removal efficiency): Is the discharge (or will the discharge be) continuous or intermittent?	ture site. r remedial waste originates (or is expected to d). Include data on volume and concentration, if		
.12. .13.	Provide Waste original known	Yes (complete F.13 through F.15.) Z No de a list of sites and the requested information (F.13 - F.15.) for each current and fut e Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other ate in the next five years). tants. List the hazardous constituents that are received (or are expected to receive n. (Attach additional sheets if necessary). e Treatment. Is this waste treated (or will it be treated) prior to entering the treatment works? Yes No If yes, describe the treatment (provide information about the removal efficiency): Is the discharge (or will the discharge be) continuous or intermittent?	ture site. r remedial waste originates (or is expected to d). Include data on volume and concentration, if		

<u>. O. O.</u>	BRREWENIK	L'APPLICATION INFORMATION
		USER DISCHARGES AND RERAYCERGEA WASTIES discharges from significant industrial users or which receive RERA, CERCLA, or other remedial wastes must complete Rant E
	ERAL INFORMAT	
i.1.	Pretreatment Progra	am. Does the treatment works have, or is it subject to, an approved pretreatment program?
.2.	Number of Significan	— t Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industria
	_	t muustial osers (3105) and Categorical industrial osers (Clos). Provide the number of each of the following types of industrial to the treatment works.
	a. Number of no	on-categorical SIUs
	b. Number of C	Us. 22
		RIAL USER INFORMATION:
Z. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	y the following inform formation requested f	ation for each SIU. If more than one SIU discharges to the treatment works, copy questions E.3 through E.8 and provid on each SIU
.3.	Significant Industria necessary.	Il User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages
	Name:	M/A Com Incorporated
	NA-III Adda	
4.	Mailing Address: Industrial Processes	Solution State Solution Solution
	•	Roanoke, VA 24019
	Industrial Processes Wafer Processing	Roanoke, VA 24019
	Industrial Processes Wafer Processing	Roanoke, VA 24019 Describe all of the industrial processes that affect or contribute to the SIU's discharge.
	Industrial Processes Wafer Processing Principal Product(s)	Roanoke, VA 24019 Describe all of the industrial processes that affect or contribute to the SIU's discharge. and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.
	Industrial Processes Wafer Processing Principal Product(s) Principal product(s):	Roanoke, VA 24019 Describe all of the industrial processes that affect or contribute to the SIU's discharge. and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge. Gallium Arsenide Crystal Electronic Semiconductors
.5.	Industrial Processes Wafer Processing Principal Product(s): Principal product(s): Raw material(s): Flow Rate. a. Process wast	Roanoke, VA 24019 Describe all of the industrial processes that affect or contribute to the SIU's discharge. and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge. Gallium Arsenide Crystal Electronic Semiconductors Electronic crystal substrate materials, semiprecious and precious metals, heavy metals,
.5.	Industrial Processes Wafer Processing Principal Product(s): Principal product(s): Raw material(s): Flow Rate. a. Process wast day (gpd) and ~10,000 b. Non-process	Roanoke, VA 24019 Describe all of the industrial processes that affect or contribute to the SIU's discharge. and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge. Gallium Arsenide Crystal Electronic Semiconductors Electronic crystal substrate materials, semiprecious and precious metals, heavy metals, inert gases, acides, bleach, caustic soda, xylene, and ethylene glycol ewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per lyhether the discharge is continuous or intermittent.
.6.	Industrial Processes Wafer Processing Principal Product(s): Principal product(s): Raw material(s): Flow Rate. a. Process wast day (gpd) and ~10,000 b. Non-process gallons per da ~1,600	Roanoke, VA 24019 and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge. Gallium Arsenide Crystal Electronic Semiconductors Electronic crystal substrate materials, semiprecious and precious metals, heavy metals, inert gases, acides, bleach, caustic soda, xylene, and ethylene glycol ewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per lymether the discharge is continuous or intermittent. gpd
£.5.	Industrial Processes Wafer Processing Principal Product(s): Principal product(s): Raw material(s): Flow Rate. a. Process wast day (gpd) and ~10,000 b. Non-process gallons per da ~1,600	Roanoke, VA 24019 Describe all of the industrial processes that affect or contribute to the SIU's discharge. and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge. Gallium Arsenide Crystal Electronic Semiconductors Electronic crystal substrate materials, semiprecious and precious metals, heavy metals, inert gases, acides, bleach, caustic soda, xylene, and ethylene glycol ewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per lymether the discharge is continuous or intermittent. gpd (continuous or X intermittent) wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system is ay (gpd) and whether the discharge is continuous or intermittent. gpd (continuous or intermittent)
.4. .5.5.	Industrial Processes Wafer Processing Principal Product(s): Principal product(s): Raw material(s): Flow Rate. a. Process wast day (gpd) and ~10,000 b. Non-process gallons per da ~1,600 Pretreatment Standa a. Local limits	Roanoke, VA 24019 Describe all of the industrial processes that affect or contribute to the SIU's discharge. and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge. Gallium Arsenide Crystal Electronic Semiconductors Electronic crystal substrate materials, semiprecious and precious metals, heavy metals, inert gases, acides, bleach, caustic soda, xylene, and ethylene glycol ewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per a whether the discharge is continuous or intermittent. gpd (
£.5.	Industrial Processes Wafer Processing Principal Product(s): Raw material(s): Flow Rate. a. Process wast day (gpd) and ~10,000 b. Non-process gallons per da ~1,600 Pretreatment Standa a. Local limits b. Categorical p	Roanoke, VA 24019 Describe all of the industrial processes that affect or contribute to the SiU's discharge. and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SiU's discharge. Gallium Arsenide Crystal Electronic Semiconductors Electronic crystal substrate materials, semiprecious and precious metals, heavy metals, inert gases, acides, bleach, caustic soda, xylene, and ethylene glycol ewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per ly whether the discharge is continuous or intermittent. gpd (continuous or Xintermittent) wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gy (gpd) and whether the discharge is continuous or intermittent. gpd (continuous or intermittent) rds. Indicate whether the SiU is subject to the following: XYes No

Prob 8. upset	James at the Treatment Works Attributed to Waste Discharged by the SIU. Has ts, interference) at the treatment works in the past three years? Yes X No If yes, describe each episode. ARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPE A Waste. Does the treatment works receive or has it in the past three years received. Yes X No (go to F.12.)	:UNE:
Prob 8. upset	lems at the Treatment Works Attributed to Waste Discharged by the SIU. Hasts, interference) at the treatment works in the past three years? Yes X No If yes, describe each episode. ARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPE A Waste. Does the treatment works receive or has it in the past three years received.	s the SIU caused or contributed to any problems
9. RCR/ pipe?	ARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPE A Waste. Does the treatment works receive or has it in the past three years receive	
9. RCR/ pipe?	A Waste. Does the treatment works receive or has it in the past three years receive	
. RCR/ pipe?	A Waste. Does the treatment works receive or has it in the past three years receive	
pipe?		ed RCRA hazardous waste by truck, rail, or dedi
0 Wast	YesX No (go to F.12.)	
n Wast		
. Hase	e Transport. Method by which RCRA waste is received (check all that apply):	
1. Waste	e Description. Give EPA hazardous waste number and amount (volume or mass,	enocify unite)
	Hazardous Waste Number Amount (volume or mass,	specify units). <u>Units</u>
	UPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE AC TER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:	TION
origina	e Origin. Describe the site and type of facility at which the CERCLA/RCRA/or othe ate in the next five years).	er remedial waste originates (or is expected to
origin:		er remedial waste originates (or is expected to
4. Pollut		
4. Pollut	ate in the next five years). tants. List the hazardous constituents that are received (or are expected to receive	
4. Pollut	ate in the next five years). tants. List the hazardous constituents that are received (or are expected to receive	
4. Pollut knowr	tants. List the hazardous constituents that are received (or are expected to receive n. (Attach additional sheets if necessary). Treatment. Is this waste treated (or will it be treated) prior to entering the treatment works?	
4. Pollut knowr	ate in the next five years). fants. List the hazardous constituents that are received (or are expected to receive n. (Attach additional sheets if necessary).	
4. Pollut knowr	tants. List the hazardous constituents that are received (or are expected to receive n. (Attach additional sheets if necessary). Treatment. Is this waste treated (or will it be treated) prior to entering the treatment works? Yes No	
4. Pollut knowr	tants. List the hazardous constituents that are received (or are expected to receive n. (Attach additional sheets if necessary). Treatment. Is this waste treated (or will it be treated) prior to entering the treatment works? Yes No	
4. Pollut known	tants. List the hazardous constituents that are received (or are expected to receive n. (Attach additional sheets if necessary). Treatment. Is this waste treated (or will it be treated) prior to entering the treatment works? Yes No	

		EMENTA					N :			Number 204		
		NDUSTIRIAL works receiving c							otherremedi	allwastes:mu	stcomplete	Pari F
GEN	ERAL	INFORMAT	ON:		Tolk that Ma		10 0 10 00 00 00 00 00 00 00 00 00 00 00	A. 1984.			d - 80 1 14 6 6	39 3 4
F.1.		eatment Progra	m. Does the tre	atment wor	ks have, or is	it subject to,	an approved	pretreatment	program?			
F.2.		per of Significant that discharge to Number of no Number of CII	o the treatment v n-categorical SII	works.	Categorical Ir	ndustrial User	s (CIUs). Pr	ovide the nun	nber of each	of the followin	ng types of i	ndustrial
				•								
Suppl	the fo	NT INDUSTF llowing informa on requested fo	tion for each S			U discharges	to the treat	ment works:	copy quest	ons/F/3)thro	ughiF-8fan	d provide
F.3.	Signit neces	ficant Industrial sary.	User Informati	i on. Provid	e the name ar	nd address of	each SIU dis	scharging to th	ne treatment	works. Subn	nit additional	pages as
	Name	: :	Maple Leaf B	akery								
	Mailin	g Address:	1955 Blue Hil Roanoke, VA									
F.4.		trial Processes.		the industri	al processes t	that affect or	contribute to	the SIU's disc	harge.			
	Comn	nercial Bakery;	SIC 2051		<u></u>							
F.5.	Princi	ipal Product(s) :	and Raw Materi	ial(s). Desc	cribe all of the	principal prod	cesses and ra	aw materials t	hat affect or	contribute to	the SIU's dis	scharge.
	Princip	pal product(s):	Baked Good	s								
	Raw n	naterial(s):										
F.6.	Flow	Rate.										
	a.		water flow rate. whether the disc		•	•	orocess wast	ewater discha	rged into the	collection sy	stem in gallo	ons per
		43,483	_gpd	(<u>X</u> co	ntinuous or _	<u>int</u> ermittent)					
	b.	gallons per da	vastewater flow y (gpd) and whe	ther the dis		tinuous or inte	rmittent.	ess wastewat	er flow disch	arged into the	e collection s	system in
		6,600	_ ^{gpd}	(<u> </u>	initinuous oi	intettilite	;iit <i>)</i>					
F.7.	Pretre	eatment Standar	ds. Indicate wh	ether the S	IU is subject to	o the following	g:					
	a.	Local limits			XYe		No					
	b.	Categorical pre	etreatment stand	dards _	Yes	XNo	ı					
	lf subj	ect to categorica	l pretreatment si	tandards, w	hich category	and subcateo	jory?					

Weste			Form Approved 1/14/99
,	ern Virginia Water Authority Water Po	Ilution Control Plant: VA0025020	OMB Number 2040-0086
F.8.	<u> </u>	Attributed to Waste Discharged by the SIU. Has	the SIU caused or contributed to any problems (e.g.
	Yes X No	If yes, describe each episode.	
		, 400, 40001120 00011 00110	
DCD/	LAZADDOUS WASTE DECEIVE	D BY TRUCK BAIL OR DEDICATED DIDE	LINE:
KUK	RHAZARDOUS WASTE RECEIVE	D BT TROCK, RAIL, OR DEDICATED FIFE	
F.9.	RCRA Waste. Does the treatment wo pipe?	orks receive or has it in the past three years receive	ed RCRA hazardous waste by truck, rail, or dedicate
	Yes X No (go	to F.12.)	
F.10.	Waste Transport. Method by which i	RCRA waste is received (check all that apply):	
	TruckRail	Dedicated Pipe	
F.11.	Waste Description. Give EPA hazare	dous waste number and amount (volume or mass,	specify units).
	EPA Hazardous Waste Number	<u>Amount</u>	<u>Units</u>
		 -	
			
CERC	I A (SUPERFUND) WASTEWATE	R, RCRA REMEDIATION/CORRECTIVE AC	TIONIST
	EWATER, AND OTHER REMEDIA		
			•
F.12.	Remediation Waste. Does the treatm	nent works currently (or has it been notified that it w	vill) receive waste from remedial activities?
	Yes (complete F.13 through F.1		
	Provide a list of sites and the requeste	d information (F.13 - F.15.) for each current and fu	ture site.
F 42	Weste Ovining Describe the site and t	une of facility of which the CEDOLA/BODA/ar other	
F.13.		ype of facility at which the CERCLA/RCRA/or othe	
F.13.	Waste Origin. Describe the site and to originate in the next five years).	ype of facility at which the CERCLA/RCRA/or othe	
F.13.		ype of facility at which the CERCLA/RCRA/or othe	
F.13.		ype of facility at which the CERCLA/RCRA/or othe	
F.13.		ype of facility at which the CERCLA/RCRA/or othe	
F.13. F.14.	Pollutants. List the hazardous constit	uents that are received (or are expected to receive	r remedial waste originates (or is expected to
	originate in the next five years).	uents that are received (or are expected to receive	r remedial waste originates (or is expected to
	Pollutants. List the hazardous constit	uents that are received (or are expected to receive	r remedial waste originates (or is expected to
	Pollutants. List the hazardous constit	uents that are received (or are expected to receive	r remedial waste originates (or is expected to
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F.14.	Pollutants. List the hazardous constit known. (Attach additional sheets if new Waste Treatment.	uents that are received (or are expected to receive cessary).	r remedial waste originates (or is expected to
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F.14.	Pollutants. List the hazardous constit known. (Attach additional sheets if net Waste Treatment. a. Is this waste treated (or will it be	uents that are received (or are expected to receive cessary). treated) prior to entering the treatment works?	r remedial waste originates (or is expected to
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Western Virginia Water Authority Water Pollution Control Plant;

VA0025020

Form Approved 1/14/99

OMB Number 2040-0086

Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the discharge. Principal product(s): Security Locks Raw material(s): Metals and plating line solutions and baths (alkaline cleaners) F.6. Flow Rate. a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system per day (gpd) and whether the discharge is continuous or intermittent. —7,200 gpd (X_continuous or intermittent) b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the continuous or intermittent. —4,500 gpd (X_continuous or intermittent) F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following: a. Local limits X_Yes No	
F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program? X Yes No Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following industrial users that discharge to the treatment works. a. Number of CIUs	complete Pa
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X YesNo X YesNo X Number of Significant industrial Users (SiUs) and Categorical Industrial Users (CiUs). Provide the number of each of the following industrial users that discharge to the treatment works. a. Number of non-categorical SiUs19 b. Number of CiUs22 SIGNIFICANT INDUSTRIAL USER INFORMATION: ***upply the following information for each; SiU.**If more than one; SiU discharges to the treatment works. Copy questions it is into interest to the information requires the for each SiU. 3. Significant industrial User Information. Provide the name and address of each SiU discharging to the treatment works. Submit pages as necessary. Name:	<u>ARTHANIA I AN FINANCIA (N. 1947)</u>
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industrial users that discharge to the treatment works. a. Number of forn-categorical SIUs. 19 b. Number of CIUs. 22 SIGNIFICANT INDUSTRIAL USER INFORMATION: SUBDITIES (SIGNIFICANT INDUSTRIAL USER INFORMATION: Medeco Security Lock Medeco Security Lock Medeco Security Lock Medeco Security Lock Salem, VA 24153 S.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge. Deburring, Electroplating S.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the discharge. Principal product(s): Security Locks Raw material(s): Metals and plating line solutions and baths (alkaline cleaners) S.6. Flow Rate. a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the cosystem in gallons per day (gpd) and whether the discharge is continuous or intermittent. —7,200 gpd (X_continuous or intermittent) D. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the cosystem in gallons per day (gpd) and whether the discharge is continuous or intermittent. —4,500 gpd (X_continuous or intermittent) 7. Pretreatment Standards. Indicate whether the SIU is subject to the following: a. Local limits X_Yes No	
BIGNIFICANT INDUSTRIAL USER INFORMATION: Supply the following information for each SIU, "If more than one SIU discharges to the information frequested for each SIU," 3. Significant industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit pages as necessary. Name: Medeco Security Lock Mailing Address: 3625 Alleghany Drive Salem, VA 24153 34. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge. Deburring, Electroplating 35. Principal Product(s) and Rew Material(s). Describe all of the principal processes and raw materials that affect or contribute to the discharge. Principal product(s): Security Locks Raw material(s): Metals and plating line solutions and baths (alkaline cleaners) 36. Flow Rate. a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection syste per day (gpd) and whether the discharge is continuous or intermittent. -7,200 gpd (X_continuous or intermittent) b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the continuous or intermittent. -4,500 gpd (X_continuous or intermittent) 37. Pretreatment Standards. Indicate whether the SIU is subject to the following: a. Local limits X_YesNo	types of
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F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following: a. Local limits	ollection:
a. Local limits <u>X</u> YesNo	
a. Local limits <u>X</u> YesNo	
b. Categorical pretreatment standards X YesNo	
If subject to categorical pretreatment standards, which category and subcategory? 40 CFR 433 Metal Finishing	

Western Virginia Water Authority Water Pollution Control Plant; VA0925929 OMB Number 2040-0086 Proteins at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (expess), informerope) at the insement works in the past three years? Yes X_No If yes, describe each episode. RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE: RCRA Waste. Does the treatment works received or has it in the past three years received RCRA hazardous waste by truck, rail, or dedict pipe? Yes X_No (go to F.12.) F.10. Waste Transport. Method by which RCRA waste is received (check all that apply): Truck	FACIL	IY NAME AND PERMIT NUMBER:		Form Approved 1/14/99			
Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e. uppeats, inference) at the treatment works in the past three years. Yes X No If yes, describe each epleade. RCRA Waste. Does the freatment works received or has it in the past three years received RCRA hazardous waste by truck, rail, or dedict pipe? Yes X No (go to F-12.) F.10. Waste Transport. Method by which RCRA waste is received (check all that apply): Truck Rail Dedicated Pipe F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mess, specify units). EPA Hazardous Waste Number Amount Units CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER: Yes (complete F-13 through F-15.) X No Provide a list of sites and the requested Information (F-13 - F-15.) for each current and future site. F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years). F.14. Pollutants. List the hazardous constituents that are received (or are expected to received). Include data on volume and concentration, if known. / Attach additional sheets if necessary). F.15. Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment works? Yes No If yes, describe the treatment (provide information about the removal efficiency): Intermittent If intermittent, describe discharge schedule.	Weste	rn Virginia Water Authority Water P	ollution Control Plant: VA0025020	OMB Number 2040-0086			
yes _XNo	vveste						
RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE: Page	F.8.			• • • • • • • • • • • • • • • • • • • •			
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ERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION VASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER: 1.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities? Yes (complete F.13 through F.15.) Yes (complete F.15 through F.15.) Yes (complete F.15 through F.15.) Yes (complete F.15 through F.15.) Yes		TruckRail	Dedicated Pipe				
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REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM

2A YOU MUST COMPLETE:

SU	RREEMENIRA	L'APPLICATION INFORMATION
		USERIDISCHARGES AND RCRAVCEROLAWASTIES
	atmentsworks:receiving:	dischargestromstgnificanttladustrialtusers orwnich ireceivetReRA, CERC⊎A, or other remedial wastes must complete PartIF, ∓ TON:
F.1.		am. Does the treatment works have, or is it subject to, an approved pretreatment program?
	-	
	XYes	No
2.		t Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial to the treatment works.
		on-categorical SIUs. 19
	b. Number of C	Us. <u>22</u>
SIGN	JIFICANT INDUST	RIAL USER INFORMATION:
Suppl	y the following inform	ation for each SIU. If more than one SIU discharges to the treatment works copy questions F 3 through F 8 and provide
nesimi	formation requested for	or,each SIU.
F.3.	Significant Industria necessary.	Il User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as
	•	
	Name:	Metalsa
	Mailing Address:	184 Vista Drive
	Ū	Roanoke, VA 24019
. ,	Industrial Deceases	s. Describe all of the industrial processes that affect or contribute to the SIU's discharge.
₹.4.	Powder Coating	. Describe and the industrial processes that affect of contribute to the 310's discharge.
5.	Principal Product(s)	and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.
	Delegate all according (Val)	
	Principal product(s):	Steel frame rails for metal trucks
	Raw material(s):	Steel and powder coating
6.	Flow Rate. a. Process wast	ewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per
		whether the discharge is continuous or intermittent.
	3,000	gpd (continuous or _ <u>Xintermittent)</u>
		wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in ay (gpd) and whether the discharge is continuous or intermittent.
	gallono por de	gpd (continuous or intermittent)
.7.		rds. Indicate whether the SIU is subject to the following:
	a. Local limits	X Yes No
		retreatment standards X Yes No
	If subject to categorica	al pretreatment standards, which category and subcategory?
	40 CFR 433 (Metal Fi	nishing)

Pestern Wighlal Water Authority Water Pollution Control Plant; VAD025020 NAIR Number 2040-0088	Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any proble upsets, interference) at the treatment works in the past three years? Yes X No If yes, describe each episode. HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE: RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or or pipe? Yes X No (go to F.12.) Waste Transport. Method by which RCRA waste is received (check all that apply): Truck Rail Dedicated Pipe Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units). EPA Hazardous Waste Number Amount Units Linits AG (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION EWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER: Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities? Yes (complete F.13 through F.15.) X No Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years). Pollutants. List the hazardous constituents that are received (or are expected to received). Include data on volume and concentration (Altach additional sheets if necessary). Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment works? Yes No	CILIT	Y NAME AND PERMIT NUMBER:	Form Approved 1/14/99
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Continuous Intermittent If intermittent, describe discharge schedule.	the state of the s	h	1 0 P 1 and forward the displaces had continuous or intermittent?	
END OF PARTE		D.		Oracle of annual collegebole
	Continuous Intermittent if intermittent, describe discharge scriedule.		Continuous intermittent in intermittent, desc	cribe discharge schedule.
AND CO. C.	END OF PART F: REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM			WIND THE PARTY OF FORM

Form Approved 1/14/99

1			r diffi Approved 1/14/88
	ern Virginia Water A 025020	uthority Water Pollution Control Plant;	OMB Number 2040-0086
		ALAPPLICATION INFORMA	
<u>الاي</u>		ALEXAMELINE COMMANDE	
		Leuser discharges and rerweer	
All tre			chreceive RCRA CERCLA or other remedial wastes must complete Par
GEN	IERAL INFORMA	ATION:	
		120000000000000000000000000000000000000	
F.1.	Pretreatment Prog	gram. Does the treatment works have, or is it subjec-	it to, an approved pretreatment program?
	X_Yes	No	
F.2.	_	, , ,	Users (CIUs). Provide the number of each of the following types of
		t discharge to the treatment works. non-categorical SIUs. 19	
	a. Number ofb. Number of		
	b. Number of		
SIGN	NIFICANT INDUS	TRIAL USER INFORMATION:	
			arges to the treatment works, copy questions F.3 through F.8 and
provi	de the information re	equested for each SIU	
F.3.	Significant Indust	rial User Information. Provide the name and addre	ss of each SIU discharging to the treatment works. Submit additional
	pages as necessar	y.	
	Name:	Norfolk Southern Railway Company - East Er	nd Shops
	Mailing Address:	110 Franklin Road Southeast, Box 13	
		Roanoke, VA 24042	
F.4.	Industrial Process	es. Describe all of the industrial processes that affec	ct or contribute to the SIU's discharge.
		r and Maintenance	
F.5.	· · · · · · · · · · · · · · · · · ·	s) and Raw Material(s). Describe all of the principa	I processes and raw materials that affect or contribute to the SIU's
	discharge.		
	Principal product(s)	. N/A	
	Principal product(s)	: <u>N/A</u>	
	Raw material(s):	N/A	
	raw material(o).	IVA	
F.6.	Flow Rate.		
	a. Process wa		e of process wastewater discharged into the collection system in gallons
	, , ,	d) and whether the discharge is continuous or interm	
	~123,000	gpd (X_continuous or intermitted	ent)
	b. Non-proces	s wastewater flow rate. Indicate the average daily vo	olume of non-process wastewater flow discharged into the collection
		allons per day (gpd) and whether the discharge is co	
	~3,600	gpd (X continuous or interm	ittent)
F.7.		dards. Indicate whether the SIU is subject to the following	owing:
	a. Local limits	<u>X</u> Yes	No
1	 b. Categorical 	pretreatment standards Yes X	No

If subject to categorical pretreatment standards, which category and subcategory?

1	ITY NAME AND PERM	II NOMBER.		Form Approved 1/14/99		
Weet	orn Virginia Water Autl	hority Water Pollution	n Control Plant; VA0025020	OMB Number 2040-0086		
AAGSIG				the SIU caused or contributed to any problems (e.g.		
F.8.			- · · · · · · · · · · · · · · · · · · ·	the cro educed of containance to any presioning (c.g.		
	upsets, interference) at the treatment works in the past three years? Yes X No If yes, describe each episode.					
		110 11 ye	s, describe each episode.			
		····				
RCR/	A HAZARDOUS WAS	STE RECEIVED BY	TRUCK, RAIL, OR DEDICATED PIPE	LINE:		
F 0	BODA Meste Deser	(l t t t l		d DODA kanada wasan ka kasaba asil as dadi ada		
F.9.	pipe?	the treatment works re	iceive or has it in the past three years receive	ed RCRA hazardous waste by truck, rail, or dedicated		
		W N / / E 4				
ı	Yes	X No (go to F.1	2.)			
ı						
F.10.	Waste Transport. M	ethod by which RCRA	waste is received (check all that apply):			
ı	Truck	Rail	Dedicated Pipe			
ı						
F.11.	Waste Description.	Give EPA hazardous v	vaste number and amount (volume or mass,	specify units).		
	EPA Hazardous Wast	<u>e Number</u>	<u>Amount</u>	<u>Units</u>		
			RA REMEDIATION/CORRECTIVE AC	IION		
WAS	TEWATER, AND OTH	1ER REMEDIAL AC	CTIVITY WASTEWATER:			
F.12.	Remediation Waste.	Does the treatment we	orks currently (or has it been notified that it w	ill) receive waste from remedial activities?		
	Yes (complete	F.13 through F.15.)	XNo			
	Provide a list of sites a	and the requested infor	mation (F.13 - F.15.) for each current and fut	ture site.		
		•	,			
F.13.						
	Waste Origin. Descri	be the site and type of	facility at which the CERCLA/RCRA/or other	r remedial waste originates (or is expected to		
	Waste Origin. Descri originate in the next fiv	• .	facility at which the CERCLA/RCRA/or other	r remedial waste originates (or is expected to		
	•	• .	facility at which the CERCLA/RCRA/or other	r remedial waste originates (or is expected to		
	•	• .	facility at which the CERCLA/RCRA/or other	r remedial waste originates (or is expected to		
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	•	• .	facility at which the CERCLA/RCRA/or other	r remedial waste originates (or is expected to		
	•	• .	facility at which the CERCLA/RCRA/or other	r remedial waste originates (or is expected to		
F.14.	Pollutants. List the h	ve years).	that are received (or are expected to receive	r remedial waste originates (or is expected to		
F.14.	Pollutants. List the h	ve years).	that are received (or are expected to receive			
F.14.	Pollutants. List the h	ve years).	that are received (or are expected to receive			
F.14.	Pollutants. List the h	ve years).	that are received (or are expected to receive			
F.14.	Pollutants. List the h	ve years).	that are received (or are expected to receive			
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F.14. F.15.	Pollutants. List the h	ve years).	that are received (or are expected to receive			
	Pollutants. List the his known. (Attach additional Waste Treatment.	ve years). azardous constituents onal sheets if necessar	that are received (or are expected to receive			
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	Pollutants. List the hiknown. (Attach addition Waste Treatment. a. Is this waste tre	azardous constituents onal sheets if necessar eated (or will it be treated	that are received (or are expected to receive y).			
	Pollutants. List the hiknown. (Attach addition Waste Treatment. a. Is this waste tre	azardous constituents onal sheets if necessar eated (or will it be treated	that are received (or are expected to receive y). ed) prior to entering the treatment works?			
	Pollutants. List the hiknown. (Attach addition Waste Treatment. a. Is this waste tre	azardous constituents onal sheets if necessar eated (or will it be treated	that are received (or are expected to receive y). ed) prior to entering the treatment works?			
	Pollutants. List the hiknown. (Attach addition Waste Treatment. a. Is this waste tre	azardous constituents onal sheets if necessar eated (or will it be treated	that are received (or are expected to receive y). ed) prior to entering the treatment works?			
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2A YOU MUST COMPLETE

Western Virginia Water Authority Water Pollution Control Plant;

Western Virginia Water Authority Water VA0025020

Form Approved 1/14/99

OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION:

	ERAL INFORMAT	idischarges from significant industrial users or which receive RCRA, CERCLA to reuner remedial wastes must complete R
.1.		am. Does the treatment works have, or is it subject to, an approved pretreatment program?
•	_	
	XYes	No
2,		t Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of discharge to the treatment works.
	a. Number of n	on-categorical SIUs. 19
	b. Number of C	,
		RIAL USER INFORMATION: lation for each SIU, it more than one SIU, discharges to the treatment works, copy, guestions (F3) through In 9 and
	le the information rec	
3.	Significant Industric pages as necessary.	al User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional
	Name:	Norfolk Southern Railway Company - Shaffers Crossing
	Mailing Address:	110 Franklin Road, Box 13
	•	
		Salem, VA 24153 s. Describe all of the industrial processes that affect or contribute to the SIU's discharge. Services Lecemetives and Rail Care
	Repair, Clean, and S	
4. 5.	Repair, Clean, and S	s. Describe all of the industrial processes that affect or contribute to the SIU's discharge. Services Locomotives and Rail Cars
	Repair, Clean, and S Principal Product(s) discharge.	s. Describe all of the industrial processes that affect or contribute to the SIU's discharge. Services Locomotives and Rail Cars and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's
i.	Principal Product(s) discharge. Principal product(s): Raw material(s):	s. Describe all of the industrial processes that affect or contribute to the SIU's discharge. Services Locomotives and Rail Cars and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's NA
•	Principal Product(s) discharge. Principal product(s): Raw material(s): Flow Rate. a. Process wast	s. Describe all of the industrial processes that affect or contribute to the SIU's discharge. Services Locomotives and Rail Cars and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's NA
•	Principal Product(s) discharge. Principal product(s): Raw material(s): Flow Rate. a. Process wast	s. Describe all of the industrial processes that affect or contribute to the SIU's discharge. Services Locomotives and Rail Cars and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's NA N/A N/A Rewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallon
	Principal Product(s) discharge. Principal product(s): Raw material(s): Flow Rate. a. Process was per day (gpd) ~58,000 b. Non-process	s. Describe all of the industrial processes that affect or contribute to the SIU's discharge. Services Locomotives and Rail Cars and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's NA N/A Evewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallon and whether the discharge is continuous or intermittent.
	Principal Product(s) discharge. Principal product(s): Raw material(s): Flow Rate. a. Process was per day (gpd) ~58,000 b. Non-process	s. Describe all of the industrial processes that affect or contribute to the SIU's discharge. Services Locomotives and Rail Cars and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's NA N/A N/A Evewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallon and whether the discharge is continuous or intermittent. gpd (X_continuous or intermittent) wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection
	Principal Product(s) discharge. Principal product(s): Raw material(s): Flow Rate. a. Process wast per day (gpd) ~58,000 b. Non-process system in gal ~6,500	s. Describe all of the industrial processes that affect or contribute to the SIU's discharge. Services Locomotives and Rail Cars and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's NA N/A Exewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallon and whether the discharge is continuous or intermittent. gpd (Xcontinuous orintermittent) wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection lons per day (gpd) and whether the discharge is continuous or intermittent.
	Principal Product(s) discharge. Principal product(s): Raw material(s): Flow Rate. a. Process wast per day (gpd) ~58,000 b. Non-process system in gal ~6,500	s. Describe all of the industrial processes that affect or contribute to the SIU's discharge. Services Locomotives and Rail Cars and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's NA N/A Evewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallon and whether the discharge is continuous or intermittent. gpd (X_continuous or intermittent) wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection lons per day (gpd) and whether the discharge is continuous or intermittent. gpd (X_continuous or intermittent)

FACILITY NAME AND PERMIT NUMBER:		Form Approved 1/14/99
Western Virginia Water Authority Water Pollution	on Control Plant; VA0025020	OMB Number 2040-0086
		as the SIU caused or contributed to any problems (
F.8. upsets, interference) at the treatment work		
Yes X No If y	es, describe each episode.	
		
RCRA HAZARDOUS WASTE RECEIVED B	Y TRUCK, RAIL, OR DEDICATED PIPI	ELINE:
O DODA Waste Dans the traction of continue		
.9. RCRA Waste. Does the treatment works pipe?	receive or has it in the past three years recei	ved RCRA hazardous waste by truck, rail, or dedic
Yes X No (go to F	.12.)	
.10. Waste Transport. Method by which RCR.	A waste is received (check all that apply):	
Truck Rail	Dedicated Pipe	
<u> </u>		
.11. Waste Description. Give EPA hazardous	waste number and amount (volume or mass	s, specify units).
EPA Hazardous Waste Number	<u>Amount</u>	<u>Units</u>
ERCLA (SUPERFUND) WASTEWATER, R		CTION
ASTEWATER, AND OTHER REMEDIAL A		
 Waste Origin. Describe the site and type originate in the next five years). 	of facility at which the CERCLA/RCRA/or oth	ner remedial waste originates (or is expected to
		·
<u> </u>		
 Pollutants. List the hazardous constituent known. (Attach additional sheets if necess.) 	• • • • • • • • • • • • • • • • • • • •	ved). Include data on volume and concentration, i
,		
15. Waste Treatment.		
a. Is this waste treated (or will it be trea	ited) prior to entering the treatment works?	
YesNo		
If yes, describe the treatment (provide	le information about the removal efficiency):	
b. Is the discharge (or will the discharge	e be) continuous or intermittent?	
Continuous	Intermittent If intermittent, describ	be discharge schedule.
_		
	END OF PARTIE	
REFER TO THE APPLICATION	N OVERVIEW TO DETERMINE W	
	2AVALIMILET COMPLETE	4.50

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Western Virginia Water Authority Water Pollution Control Plant;

VA0025020

OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

			discharges from significant industrial jusers on which receive RGRA, CERCLA, on other remedial wastes must complete P
ENI	ERAL	INFORMAT	10N:
1.	Pretre	eatment Progra	am. Does the treatment works have, or is it subject to, an approved pretreatment program?
	<u>x</u>	_Yes	No
<u>.</u>			
•			t Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of lischarge to the treatment works.
	a.	Number of no	on-categorical SIUs. 19
	b.	Number of C	Us22
GN	IFICA	NT INDUST	RIAL USER INFORMATION:
pply	the fo	llowing inform	ation for each SIU. If more than one SIU discharges to the treatment works; copy questions IES through IF 8 and
vid	e the in	formation req	uested for each SIU
	_		al User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional
	pages	as necessary.	
	Name:	:	New Millenium Building Systems
	Mailing	g Address:	2435 Diuguids Lane
			Salem, VA 24153
			s. Describe all of the industrial processes that affect or contribute to the SIU's discharge.
			s. Describe all of the industrial processes that affect or contribute to the SIU's discharge.
	SIC 34	I41: Fabricated	·
	SIC 34 Princip	I41: Fabricated	d Structural Metal; SIC 3444 Sheet Metal Work
	Princip dischar	l41: Fabricated pal Product(s) rge.	and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's
	Princip dischar	Mail Product(s) rge. pal product(s):	and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Steel joists and joist girders
	Princip dischar	pal Product(s) rge. pal product(s): naterial(s):	and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Steel joists and joist girders Steel and galvanized coils
	Princip dischar Princip	pal Product(s) rge. pal product(s): naterial(s): Rate. Process wast	and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Steel joists and joist girders
	Princip dischar	pal Product(s) rge. pal product(s): naterial(s): Rate. Process wast	and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Steel joists and joist girders Steel and galvanized coils ewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons
	Princip dischar	pal Product(s) rge. pal product(s): naterial(s): Rate. Process wast per day (gpd) 10,000 Non-process	and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Steel joists and joist girders Steel and galvanized coils ewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons and whether the discharge is continuous or intermittent. gpd (continuous or X_ intermittent) wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection
	Princip dischar Princip Raw m	pal Product(s) rge. pal product(s): naterial(s): Rate. Process wast per day (gpd) 10,000 Non-process system in gall	and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Steel joists and joist girders Steel and galvanized coils ewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons and whether the discharge is continuous or intermittent. gpd (continuous or Xintermittent) wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection ons per day (gpd) and whether the discharge is continuous or intermittent.
	Princip dischar Princip Raw m	pal Product(s) rge. pal product(s): naterial(s): Rate. Process wast per day (gpd) 10,000 Non-process	and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Steel joists and joist girders Steel and galvanized coils ewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons and whether the discharge is continuous or intermittent. gpd (continuous or X_ intermittent) wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection
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	Princip dischar Princip Raw m	pal Product(s) rge. pal product(s): paterial(s): Rate. Process wast per day (gpd) 10,000 Non-process system in gall 4,000	and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Steel joists and joist girders Steel and galvanized coils ewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons and whether the discharge is continuous or intermittent. gpd (continuous or X_ intermittent) wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection ons per day (gpd) and whether the discharge is continuous or intermittent. gpd (continuous or intermittent)
	Princip discharge Flow Fa. b.	pal Product(s) rge. pal product(s): pal product(s): paterial(s): Rate. Process wast per day (gpd) 10,000 Non-process system in gall 4,000 atment Standa Local limits	and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Steel joists and joist girders Steel and galvanized coils ewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons and whether the discharge is continuous or intermittent. gpd (continuous or Xintermittent) wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection ons per day (gpd) and whether the discharge is continuous or intermittent. gpd (continuous or intermittent) ards. Indicate whether the SIU is subject to the following:
	Princip discharge Flow Fa. b. Pretres a.	pal Product(s) rge. pal product(s): pal product(s): paterial(s): Rate. Process wast per day (gpd) 10,000 Non-process system in gall 4,000 atment Standa Local limits	and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Steel joists and joist girders Steel and galvanized coils ewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons and whether the discharge is continuous or intermittent. gpd (continuous or X_intermittent) wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection ons per day (gpd) and whether the discharge is continuous or intermittent. gpd (continuous or intermittent) ards. Indicate whether the SIU is subject to the following: X_Yes No

loster							Form Approved 1/14/99
Ç3101				on Control Plant; VA00			OMB Number 2040-0086
.8.						as the SIU caused or	contributed to any problems
o.	upsets, interference) at the treatment works in the past three years? Yes X No If yes, describe each episode.						
•	169		11 3.	es, describe each epico	ue.		
			· · · · ·			·	
CRA	HAZARDO	US WASTER	FOFIVED BY	TRUCK, RAIL, OR	DEDICATED PIP	FI INF	
<u> </u>	I I THE STATE OF	OG TIRGIE	LOLITED	1110011, 10 112, 0.1	DEDION: ED	L. L. I I I I I I I I I I I I I I I I I	
9.	RCRA Was	te. Does the trea	atment works r	eceive or has it in the pa	ast three years rece	ived RCRA hazardou	s waste by truck, rail, or dedi
	pipe?						
		Yes X	No (go to F.	12.)			
10.	Waste Tran	sport. Method b	by which RCR/	A waste is received (che	eck all that apply):		
	Truck	·	Rail	Dedicated l			
-					1 100		
	Waste Deer	!! Civo E'	TA Lawrendone	···-ata aumhar and ama	t Arabuma ar mac	- anacificanital	
		•		waste number and amo	ount (volunte of mas		
	EPA Hazard	lous Waste Numl	<u>ber</u>	<u>Amount</u>		<u>Units</u>	
			_				
_			_				
-			_				
-			_			-	
RCI	A (SUPER	FIIND\ WAST	EWATER R	CRA REMEDIATION	CORRECTIVE A	CTION	
				CTIVITY WASTEWA		0.101	
-	Yes (d	complete F.13 th	rough F.15.)	works currently (or has i	t been notified that i No	·	rom remedial activities?
3.	Yes (o Provide a lis Waste Origi	complete F.13 the t of sites and the	rough F.15.) requested info	works currently (or has in X ormation (F.13 - F.15.) for	t been notified that i No or each current and	future site.	rom remedial activities?
13.	Yes (o Provide a lis Waste Origi	complete F.13 the t of sites and the n. Describe the	rough F.15.) requested info	works currently (or has in X ormation (F.13 - F.15.) for	t been notified that i No or each current and	future site.	
13.	Yes (de Provide a list Waste Originate in the street of th	complete F.13 thr t of sites and the n. Describe the he next five year	rough F.15.) requested info	works currently (or has in a commation (F.13 - F.15.) for facility at which the Ci	t been notified that i No or each current and ERCLA/RCRA/or ot	future site. her remedial waste or	iginates (or is expected to
13. 1 - -	Yes (or Provide a list Waste Originate in the Pollutants.	complete F.13 thr t of sites and the n. Describe the he next five year	rough F.15.) requested info	works currently (or has inX ormation (F.13 - F.15.) for facility at which the Classical contents are received (or all	t been notified that i No or each current and ERCLA/RCRA/or ot	future site. her remedial waste or	
	Yes (or Provide a list Waste Originate in the Pollutants.	complete F.13 thread to fisites and the n. Describe the he next five years.	rough F.15.) requested info	works currently (or has inX ormation (F.13 - F.15.) for facility at which the Classical contents are received (or all	t been notified that i No or each current and ERCLA/RCRA/or ot	future site. her remedial waste or	iginates (or is expected to
	Yes (description of the provide a list waste Originate in the provided and	complete F.13 the tof sites and the n. Describe the he next five years. List the hazardor ach additional should be completed as the description of the complete the next five was a second additional should be completed as the description of the complete five the next five was a second additional should be completed as the next five the	rough F.15.) requested info site and type or s). sus constituents eets if necessa	works currently (or has in	t been notified that i No or each current and ERCLA/RCRA/or ot	future site. her remedial waste or	iginates (or is expected to
- - - - - - - - - - - -	Yes (description of the provide a list waste Originate in the provided and	to of sites and the tof sites and the n. Describe the he next five year. List the hazardorach additional should be additional should be accordingly to the next five waste treated (o	rough F.15.) requested info site and type o s). sus constituents reets if necessar	works currently (or has inX ormation (F.13 - F.15.) for facility at which the Classical contents are received (or all	t been notified that i No or each current and ERCLA/RCRA/or ot	future site. her remedial waste or	iginates (or is expected to
3. 10	Yes (of Provide a list) Waste Originate in the provide a list that the provided and the pro	to of sites and the tof sites and the n. Describe the he next five year. List the hazardor ach additional should be the next five waste treated (o Yes	rough F.15.) requested info site and type of s). sus constituents eets if necessa or will it be treat	works currently (or has inX commation (F.13 - F.15.) for facility at which the Cs at that are received (or an ary).	t been notified that in No per each current and ERCLA/RCRA/or other expected to receive treatment works?	future site. her remedial waste or ved). Include data on	iginates (or is expected to
3. 10	Yes (of Provide a list) Waste Originate in the provide a list that the provided and the pro	to of sites and the tof sites and the n. Describe the he next five year. List the hazardor ach additional should be the next five waste treated (o Yes	rough F.15.) requested info site and type of s). sus constituents eets if necessa or will it be treat	works currently (or has in	t been notified that in No per each current and ERCLA/RCRA/or other expected to receive treatment works?	future site. her remedial waste or ved). Include data on	iginates (or is expected to
	Yes (of Provide a list) Waste Originate in the provide a list that the provided and the pro	to of sites and the tof sites and the n. Describe the he next five year. List the hazardor ach additional should be the next five waste treated (o Yes	rough F.15.) requested info site and type of s). sus constituents eets if necessa or will it be treat	works currently (or has inX commation (F.13 - F.15.) for facility at which the Cs at that are received (or an ary).	t been notified that in No per each current and ERCLA/RCRA/or other expected to receive treatment works?	future site. her remedial waste or ved). Include data on	iginates (or is expected to
	Yes (description of the provide a list waste Originate in the provided and provided	complete F.13 the tof sites and the in. Describe the he next five years List the hazardor ach additional shows the additional shows the treated (or yes describe the treated)	rough F.15.) requested info site and type o s). sus constituents eets if necessa or will it be treat No atment (provide	works currently (or has in	t been notified that in No per each current and ERCLA/RCRA/or of the expected to receive treatment works?	future site. her remedial waste or ved). Include data on	iginates (or is expected to
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ern Vii		LAPPLICATION INFORMATION			
PPL	BEMENTA	Campie Camenini Enmanien			
NI PERSON	INDIASTRIAIS	USER DISCHARGES AND REPAYCERGIA WASTES			
		discharges from significant industrial usersior which receive RGRA* CERC A corother fremedial wastes must complete			
IERA	L INFORMAT	ION:			
Pret	treatment Progra	am. Does the treatment works have, or is it subject to, an approved pretreatment program?			
<u>_x</u>	Yes	No			
		t Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of lischarge to the treatment works.			
a.	Number of no	on-categorical SIUs. 19			
b.	Number of CI	IUs. <u>22</u>			
		RIAL USER INFORMATION: ation for each SIU-Alfanone SIU-discharges to/the treatment works, copy, questions Institution in 18 and			
		uested for each SIU			
0:		Allen Market and the control of the			
_	nificant industria es as necessary.	I User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional			
F-5-	,·				
Nam	ne:	Novozymes			
Maili	ling Address:	111 Kessler Mill Drive			
Maili	ling Address:	111 Kessler Mill Drive Salem, VA 24153			
Maili	ling Address:				
	J				
Indu	J	Salem, VA 24153 s. Describe all of the industrial processes that affect or contribute to the SIU's discharge.			
Indu SIC :	ustrial Processes 2836: Biological	Salem, VA 24153 s. Describe all of the industrial processes that affect or contribute to the SIU's discharge.			
Indu SIC : Princ disch	ustrial Processes 2836: Biological ucipal Product(s) harge.	Salem, VA 24153 s. Describe all of the industrial processes that affect or contribute to the SIU's discharge. Products and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's			
Indu SIC : Princ disch	ustrial Processes 2836: Biological cipal Product(s)	Salem, VA 24153 Solution			
Indu SIC : Princ disch	ustrial Processes 2836: Biological ucipal Product(s) harge. cipal product(s):	Salem, VA 24153 s. Describe all of the industrial processes that affect or contribute to the SIU's discharge. Products and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Cleaning , Wastewater Treatment and Aquaculture Products			
Indu SIC : Princ disch	ustrial Processes 2836: Biological ucipal Product(s) harge.	Salem, VA 24153 s. Describe all of the industrial processes that affect or contribute to the SIU's discharge. Products and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's			
Indu SIC : Princ disch	ustrial Processes 2836: Biological acipal Product(s) harge. cipal product(s):	Salem, VA 24153 s. Describe all of the industrial processes that affect or contribute to the SIU's discharge. Products and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Cleaning , Wastewater Treatment and Aquaculture Products			
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Indu SIC : Princi disch Princi Raw	ustrial Processes 2836: Biological dicipal Product(s) harge. cipal product(s): material(s): v Rate. Process waste	Salem, VA 24153 s. Describe all of the industrial processes that affect or contribute to the SIU's discharge. Products and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Cleaning , Wastewater Treatment and Aquaculture Products Bacterial Culture, BRAN media ewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallo and whether the discharge is continuous or intermittent.			
Indu SIC : Princi disch Princi Raw	ustrial Processes 2836: Biological dicipal Product(s) harge. cipal product(s): material(s): v Rate. Process waste	Salem, VA 24153 s. Describe all of the industrial processes that affect or contribute to the SIU's discharge. Products and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Cleaning , Wastewater Treatment and Aquaculture Products Bacterial Culture, BRAN media ewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallong.			
Indu SIC : Princ disch Princ Raw	ustrial Processes 2836: Biological reipal Product(s) harge. cipal product(s): material(s): w Rate. Process waste per day (gpd) 25,000 Non-process waste	Salem, VA 24153 s. Describe all of the industrial processes that affect or contribute to the SIU's discharge. Products and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Cleaning , Wastewater Treatment and Aquaculture Products Bacterial Culture, BRAN media ewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallo and whether the discharge is continuous or intermittent.			
Prince Prince Prince Raw Flow a.	ustrial Processes 2836: Biological reipal Product(s) harge. cipal product(s): material(s): w Rate. Process waste per day (gpd) 25,000 Non-process waste	Salem, VA 24153 Solution			
Prince Prince Prince Raw Flow a.	ustrial Processes 2836: Biological dicipal Product(s) harge. cipal product(s): material(s): v Rate. Process waste per day (gpd) 25,000 Non-process v system in galle	Salem, VA 24153 Solution Describe all of the industrial processes that affect or contribute to the SIU's discharge. Products and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Cleaning , Wastewater Treatment and Aquaculture Products Bacterial Culture, BRAN media ewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallouand whether the discharge is continuous or intermittent. gpd (X_continuous orintermittent) wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection ons per day (gpd) and whether the discharge is continuous or intermittent.			
Prince Raw Flow a.	ustrial Processes 2836: Biological dicipal Product(s) harge. cipal product(s): v material(s): v Rate. Process waste per day (gpd) 25,000 Non-process v system in gallo	Salem, VA 24153 Solution Describe all of the industrial processes that affect or contribute to the SIU's discharge. Products and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Cleaning , Wastewater Treatment and Aquaculture Products Bacterial Culture, BRAN media ewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallouand whether the discharge is continuous or intermittent. gpd (X_continuous orintermittent) wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection ons per day (gpd) and whether the discharge is continuous or intermittent.			
Prince Raw Flow a.	ustrial Processes 2836: Biological dicipal Product(s) harge. cipal product(s): v material(s): v Rate. Process waste per day (gpd) 25,000 Non-process v system in gallo	Salem, VA 24153 s. Describe all of the industrial processes that affect or contribute to the SIU's discharge. Products and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Cleaning , Wastewater Treatment and Aquaculture Products Bacterial Culture, BRAN media ewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallor and whether the discharge is continuous or intermittent. gpd (X_continuous orintermittent) wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection ons per day (gpd) and whether the discharge is continuous or intermittent. gpd (continuous or intermittent)			
Prince Raw Flow a. Preti	ustrial Processes 2836: Biological dicipal Product(s) harge. cipal product(s): material(s): w Rate. Process waste per day (gpd) 25,000 Non-process waste system in gallo 351 reatment Standa Local limits	Salem, VA 24153 5. Describe all of the industrial processes that affect or contribute to the SIU's discharge. Products and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Cleaning , Wastewater Treatment and Aquaculture Products Bacterial Culture, BRAN media ewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallor and whether the discharge is continuous or intermittent. gpd (X_continuous orintermittent) wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection ons per day (gpd) and whether the discharge is continuous or intermittent. gpd (continuous or intermittent) ards. Indicate whether the SIU is subject to the following:			
Prince Raw Flow a. Prette	ustrial Processes 2836: Biological dicipal Product(s) harge. cipal product(s): material(s): w Rate. Process waste per day (gpd) 25,000 Non-process waste system in gallo 351 reatment Standa Local limits	Salem, VA 24153 a. Describe all of the industrial processes that affect or contribute to the SIU's discharge. Products and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Cleaning , Wastewater Treatment and Aquaculture Products Bacterial Culture, BRAN media ewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallor and whether the discharge is continuous or intermittent. gpd (X_continuous or intermittent) wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection ons per day (gpd) and whether the discharge is continuous or intermittent. gpd (

			Form Approved 1/14/99
Veste	rn Virginia Water Authority Water Pollu	ition Control Plant; VA0025020	OMB Number 2040-0086
8.		ributed to Waste Discharged by the SiU. Has	the SIU caused or contributed to any problems (e.g
		f yes, describe each episode.	
CR/	HAZARDOUS WASTE RECEIVED	BY TRUCK, RAIL, OR DEDICATED PIPEI	LINE:
9.			ed RCRA hazardous waste by truck, rail, or dedicate
	pipe? Yes X No (go to	, ,	
	169	F.12.)	
10.	•	RA waste is received (check all that apply):	
	Rail	Dedicated Pipe	
11.	Waste Description. Give EPA hazardo	us waste number and amount (volume or mass,	specify units).
	EPA Hazardous Waste Number	<u>Amount</u>	<u>Units</u>
-00	TA /OUNDOCINION WASTEWATED	RCRA REMEDIATION/CORRECTIVE AC	
	EWATER, AND OTHER REMEDIAL		HON
40	Paradiation Masta Does the treatmen	-t works oursantly (or has it heap notified that it w	ill receive waste from remedial activities?
.12.		nt works currently (or has it been notified that it w	viil) receive waste from remedial activities?
.12.	Yes (complete F.13 through F.15.		
	Yes (complete F.13 through F.15. Provide a list of sites and the requested it	X No information (F.13 - F.15.) for each current and ful	ture site.
	Yes (complete F.13 through F.15. Provide a list of sites and the requested it	No	ture site.
	Yes (complete F.13 through F.15.) Provide a list of sites and the requested it Waste Origin. Describe the site and type	X No information (F.13 - F.15.) for each current and ful	ture site.
	Yes (complete F.13 through F.15.) Provide a list of sites and the requested it Waste Origin. Describe the site and type	X No information (F.13 - F.15.) for each current and ful	ture site.
	Yes (complete F.13 through F.15.) Provide a list of sites and the requested it Waste Origin. Describe the site and type	X No information (F.13 - F.15.) for each current and ful	ture site.
.13.	Yes (complete F.13 through F.15. Provide a list of sites and the requested it Waste Origin. Describe the site and typoriginate in the next five years). Pollutants. List the hazardous constitute	X No information (F.13 - F.15.) for each current and full e of facility at which the CERCLA/RCRA/or other ents that are received (or are expected to receive	ture site.
.13.	Yes (complete F.13 through F.15. Provide a list of sites and the requested i Waste Origin. Describe the site and typ originate in the next five years).	X No information (F.13 - F.15.) for each current and full e of facility at which the CERCLA/RCRA/or other ents that are received (or are expected to receive	ture site. r remedial waste originates (or is expected to
.13.	Yes (complete F.13 through F.15. Provide a list of sites and the requested it Waste Origin. Describe the site and typoriginate in the next five years). Pollutants. List the hazardous constitute	X No information (F.13 - F.15.) for each current and full e of facility at which the CERCLA/RCRA/or other ents that are received (or are expected to receive	ture site. r remedial waste originates (or is expected to
.13. 14.	Yes (complete F.13 through F.15. Provide a list of sites and the requested if Waste Origin. Describe the site and typoriginate in the next five years). Pollutants. List the hazardous constitute known. (Attach additional sheets if necessary)	X No information (F.13 - F.15.) for each current and full e of facility at which the CERCLA/RCRA/or other ents that are received (or are expected to receive	ture site. r remedial waste originates (or is expected to
13. 14.	Yes (complete F.13 through F.15. Provide a list of sites and the requested it Waste Origin. Describe the site and typoriginate in the next five years). Pollutants. List the hazardous constitute known. (Attach additional sheets if necessary). Waste Treatment.	X No information (F.13 - F.15.) for each current and full e of facility at which the CERCLA/RCRA/or other ents that are received (or are expected to receive	ture site. r remedial waste originates (or is expected to
13. 14.	Yes (complete F.13 through F.15. Provide a list of sites and the requested it Waste Origin. Describe the site and typoriginate in the next five years). Pollutants. List the hazardous constitute known. (Attach additional sheets if necessary). Waste Treatment.	X No information (F.13 - F.15.) for each current and full the of facility at which the CERCLA/RCRA/or other ents that are received (or are expected to receive ssary).	ture site. r remedial waste originates (or is expected to
13. 14.	Yes (complete F.13 through F.15. Provide a list of sites and the requested if Waste Origin. Describe the site and typoriginate in the next five years). Pollutants. List the hazardous constitute known. (Attach additional sheets if necessary) Waste Treatment. a. Is this waste treated (or will it be treated)	X No information (F.13 - F.15.) for each current and full the of facility at which the CERCLA/RCRA/or other ents that are received (or are expected to receive ssary).	ture site. r remedial waste originates (or is expected to
13. 14.	Yes (complete F.13 through F.15. Provide a list of sites and the requested if Waste Origin. Describe the site and typoriginate in the next five years). Pollutants. List the hazardous constitute known. (Attach additional sheets if necessary) Waste Treatment. a. Is this waste treated (or will it be treated)	x No information (F.13 - F.15.) for each current and full be of facility at which the CERCLA/RCRA/or other ents that are received (or are expected to receive ssary).	ture site. r remedial waste originates (or is expected to
.13.	Yes (complete F.13 through F.15. Provide a list of sites and the requested if Waste Origin. Describe the site and typoriginate in the next five years). Pollutants. List the hazardous constitute known. (Attach additional sheets if necessary) Waste Treatment. a. Is this waste treated (or will it be treated)	x No information (F.13 - F.15.) for each current and full be of facility at which the CERCLA/RCRA/or other ents that are received (or are expected to receive ssary).	ture site. r remedial waste originates (or is expected to
.13.	Yes (complete F.13 through F.15. Provide a list of sites and the requested it Waste Origin. Describe the site and typ originate in the next five years). Pollutants. List the hazardous constitue known. (Attach additional sheets if necess Waste Treatment. a. Is this waste treated (or will it be treatment (provided).		ture site. r remedial waste originates (or is expected to
∶.13.	Yes (complete F.13 through F.15. Provide a list of sites and the requested it Waste Origin. Describe the site and typ originate in the next five years). Pollutants. List the hazardous constitue known. (Attach additional sheets if necess Waste Treatment. a. Is this waste treated (or will it be treatment (provided).	x No information (F.13 - F.15.) for each current and full the of facility at which the CERCLA/RCRA/or other ents that are received (or are expected to receive ssary). The eated of the information about the removal efficiency):	ture site. r remedial waste originates (or is expected to

APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM
2A YOU MUST COMPLETE

Form Approved 1/14/99

Western Virginia Water Authority Water Pollution Control Plant; VA0025020

OMB Number 2040-0086

SU	PPL		
			USER DISCHARGES:AND RCRA/CERCLAWASTIES discharges/from significant/industrial/users or which receive RCRA, CERCLA-or other remedial/wastes/must complete
GEN	ERAL	. INFORMATI	ON:
.1.	Pretr	reatment Progra	m. Does the treatment works have, or is it subject to, an approved pretreatment program?
	<u>x</u>	Yes	No
.2.		_	Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of scharge to the treatment works.
	a.	Number of no	n-categorical SIUs. 19
	b.	Number of CI	Us
			RIAL USER INFORMATION:
			ation for each SIU. If more than one SIU discharges to the treatment works, copy questions [5] 3(through F.8 a lested for each SIU
.3.	_	ificant Industrial s as necessary.	User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additiona
	Name	9:	Novozymes
4.	Mailin Indus	ng Address: strial Processes	528 Chapman Salem, VA 24153 Describe all of the industrial processes that affect or contribute to the SIU's discharge.
	Mailin Indus SIC 2	ng Address: strial Processes 1836: Biological	528 Chapman Salem, VA 24153 Describe all of the industrial processes that affect or contribute to the SIU's discharge.
	Indus SIC 2 Princ discha	ng Address: strial Processes 1836: Biological	528 Chapman Salem, VA 24153 Describe all of the industrial processes that affect or contribute to the SIU's discharge. Products
	Indus SIC 2 Prince discha	ng Address: strial Processes 1836: Biological sipal Product(s) arge.	528 Chapman Salem, VA 24153 Describe all of the industrial processes that affect or contribute to the SIU's discharge. Products and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's
.5.	Indus SIC 2 Princ discha	ng Address: strial Processes 836: Biological cipal Product(s) arge. ipal product(s): material(s):	528 Chapman Salem, VA 24153 Describe all of the industrial processes that affect or contribute to the SIU's discharge. Products and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Cleaning, Wastewater Treatment, Animal Feed, and Aquaculture Products
.5.	Indus SIC 2 Prince discha	estrial Processes 1836: Biological 1919 Product(s) arge. 1919 product(s): 1919 material(s): 1919 Rate. 1919 Process waste	528 Chapman Salem, VA 24153 Describe all of the industrial processes that affect or contribute to the SIU's discharge. Products and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Cleaning, Wastewater Treatment, Animal Feed, and Aquaculture Products
.5.	Indus SIC 2 Princ dische	estrial Processes 1836: Biological 1919 Product(s) arge. 1919 product(s): 1919 material(s): 1919 Rate. 1919 Process waste	Salem, VA 24153 Describe all of the industrial processes that affect or contribute to the SIU's discharge. Products and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Cleaning, Wastewater Treatment, Animal Feed, and Aquaculture Products Bacterial cultures, BRAN media ewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in galand whether the discharge is continuous or intermittent.
.5.	Indus SIC 2 Princ dische	estrial Processes 2836: Biological cipal Product(s): arge. ipal product(s): material(s): Rate. Process waste per day (gpd) a 7,508-30,308* * Includes feri	Salem, VA 24153 Describe all of the industrial processes that affect or contribute to the SIU's discharge. Products and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Cleaning, Wastewater Treatment, Animal Feed, and Aquaculture Products Bacterial cultures, BRAN media ewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in galand whether the discharge is continuous or intermittent.
.5.	Indus SIC 2 Princ discha Princi Raw r	estrial Processes 2836: Biological cipal Product(s): arge. ipal product(s): material(s): Rate. Process waste per day (gpd) a 7,508-30,308* * Includes feri	Salem, VA 24153 Describe all of the industrial processes that affect or contribute to the SiU's discharge. Products and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SiU's Cleaning, Wastewater Treatment, Animal Feed, and Aquaculture Products Bacterial cultures, BRAN media water flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gal and whether the discharge is continuous or intermittent. Typed (continuous or Xintermittent) mentation operations which are not currently conducted at the facility wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection
.5.	Indus SIC 2 Princidischa Princi Raw r Flow a.	estrial Processes. 2836: Biological 29al Product(s): 29al produ	Salem, VA 24153 Describe all of the industrial processes that affect or contribute to the SIU's discharge. Products and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Cleaning, Wastewater Treatment, Animal Feed, and Aquaculture Products Bacterial cultures, BRAN media water flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gal and whether the discharge is continuous or intermittent. gpd (continuous or Xintermittent) mentation operations which are not currently conducted at the facility wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection are per day (gpd) and whether the discharge is continuous or intermittent.
.6.	Indus SIC 2 Princidischa Princi Raw r Flow a.	estrial Processes. 2836: Biological 29al Product(s): 29al produ	Salem, VA 24153 Describe all of the industrial processes that affect or contribute to the SIU's discharge. Products and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Cleaning, Wastewater Treatment, Animal Feed, and Aquaculture Products Bacterial cultures, BRAN media water flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gal and whether the discharge is continuous or intermittent. gpd (continuous or X intermittent) mentation operations which are not currently conducted at the facility wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection are per day (gpd) and whether the discharge is continuous or intermittent. gpd (continuous or X intermittent)

		E AND PERMIT NUMBER:		Form Approved 1/14/99
este	rn Virain	ia Water Authority Water F	Pollution Control Plant; VA0025020	OMB Number 2040-0086
8.	Probler	ms at the Treatment Works		Has the SIU caused or contributed to any problems (e
	Y	res X No	If yes, describe each episode.	
		<u> </u>		
RA	HAZAF	RDOUS WASTE RECEIV	ED BY TRUCK, RAIL, OR DEDICATED PIL	PELINE:
) .	RCRA V	Naste. Does the treatment v	works receive or has it in the past three years rec	eived RCRA hazardous waste by truck, rail, or dedicate
	_	Yes X No (s	go to F.12.)	
0.			h RCRA waste is received (check all that apply):	
	'	ruckRail	Dedicated Pipe	
1.		-	ardous waste number and amount (volume or ma	
	<u>EPA Ha</u>	zardous Waste Number	<u>Amount</u>	<u>Units</u>
₹C	LA (SUF	PERFUND) WASTEWAT	ER, RCRA REMEDIATION/CORRECTIVE	ACTION SECTION
ST	EWATE	R, AND OTHER REMED	DIAL ACTIVITY WASTEWATER:	
Z .	Y	es (complete F.13 through F	etment works currently (or has it been notified that F.15.) X No sted information (F.13 - F.15.) for each current and	·
12.	Provide Waste C	es (complete F.13 through F a list of sites and the reques	15.) <u>X</u> No	d future site.
	Provide Waste C	es (complete F.13 through F a list of sites and the reques Drigin. Describe the site and	X No sted information (F.13 - F.15.) for each current and	d future site.
	Provide Waste C	es (complete F.13 through F a list of sites and the reques Drigin. Describe the site and	X No sted information (F.13 - F.15.) for each current and	d future site.
	Pollutar	es (complete F.13 through F a list of sites and the reques Drigin. Describe the site and in the next five years).	X No sted information (F.13 - F.15.) for each current and d type of facility at which the CERCLA/RCRA/or o	d future site.
i.	Pollutar	es (complete F.13 through F a list of sites and the request Drigin. Describe the site and in the next five years).	X No sted information (F.13 - F.15.) for each current and d type of facility at which the CERCLA/RCRA/or o	d future site. other remedial waste originates (or is expected to
3. I.	Pollutar known.	es (complete F.13 through F a list of sites and the reques Drigin. Describe the site and in the next five years). hts. List the hazardous cons (Attach additional sheets if respectively.	X No sted information (F.13 - F.15.) for each current and d type of facility at which the CERCLA/RCRA/or o	d future site. other remedial waste originates (or is expected to
3. I.	Pollutar known.	res (complete F.13 through F a list of sites and the request Drigin. Describe the site and in the next five years). Ints. List the hazardous cons (Attach additional sheets if retreatment.	X No sted information (F.13 - F.15.) for each current and d type of facility at which the CERCLA/RCRA/or o	other remedial waste originates (or is expected to expected to expected). Include data on volume and concentration, i
i.	Pollutar known. Waste T	reatment. Yes (complete F.13 through F a list of sites and the request a list of sites and the request prigin. Describe the site and a in the next five years). Treatment. So this waste treated (or will it it is in the next five and the next five years).	E.15.) X No sted information (F.13 - F.15.) for each current and d type of facility at which the CERCLA/RCRA/or of estituents that are received (or are expected to received services are).	other remedial waste originates (or is expected to expected to expected to expected). Include data on volume and concentration, i
3. I.	Pollutar known. Waste T	reatment. Yes (complete F.13 through F a list of sites and the request a list of sites and the request prigin. Describe the site and a in the next five years). Treatment. So this waste treated (or will it it is in the next five and the next five years).	X No sted information (F.13 - F.15.) for each current and d type of facility at which the CERCLA/RCRA/or of stituents that are received (or are expected to receivedssary).	other remedial waste originates (or is expected to expected to expected to expected). Include data on volume and concentration, i
3.	Pollutar known. Waste T	reatment. Yes (complete F.13 through F a list of sites and the request a list of sites and the request prigin. Describe the site and a in the next five years). Treatment. So this waste treated (or will it it is in the next five and the next five years).	E.15.) X No sted information (F.13 - F.15.) for each current and d type of facility at which the CERCLA/RCRA/or of estituents that are received (or are expected to received services are).	other remedial waste originates (or is expected to expected to expected to expected). Include data on volume and concentration, in
3.	Pollutar known. Waste T a. Is	reatment. The stream of the stream of the stream of the next five years). Treatment. The stream of the stream of the next five years of the next five years of the next five years. Treatment. The stream of the next five years of the next five years of the next five years of the next five years. Treatment. The stream of the next five years of the next five yea	E.15.) X No sted information (F.13 - F.15.) for each current and d type of facility at which the CERCLA/RCRA/or of estituents that are received (or are expected to received services are).	other remedial waste originates (or is expected to expected to expected to expected). Include data on volume and concentration, i
3.	Pollutar known. Waste T a. Is	reatment. The stream of the stream of the stream of the next five years). Treatment. The stream of the stream of the next five years of the next five years of the next five years. Treatment. The stream of the next five years of the next five years of the next five years of the next five years. Treatment. The stream of the next five years of the next five yea	E.15.) X No sted information (F.13 - F.15.) for each current and d type of facility at which the CERCLA/RCRA/or of stituents that are received (or are expected to recessary). be treated) prior to entering the treatment works? (provide information about the removal efficiency) scharge be) continuous or intermittent?	other remedial waste originates (or is expected to expected to expected to expected). Include data on volume and concentration, it
3. 4.	Pollutar known. Waste T a. Is	res (complete F.13 through F a list of sites and the request Drigin. Describe the site and in the next five years). In the next five years). In the next five years). In the next five years). In the next five years). In the next five years). In the next five years). In the next five years). In the next five years). In the next five years). In the next five years). In the next five years). In the next five years). In the next five years). In the next five years).	E.15.) X No sted information (F.13 - F.15.) for each current and d type of facility at which the CERCLA/RCRA/or of stituents that are received (or are expected to recessary). be treated) prior to entering the treatment works? (provide information about the removal efficiency) scharge be) continuous or intermittent?	other remedial waste originates (or is expected to eived). Include data on volume and concentration, it

Form Approved 1/14/99

Mont	orn Virginio Motor Aut	thority Water Pollution Control Plant;	Tominapproved in 14100
1	ern virginia water Aui 25020	norty water Polition Control Plant;	OMB Number 2040-0086
<u> </u>		LAPPLICATION INFORMA	
PAR	TEENINDUSTRIAI	user:discharges:andirerayeer	GPAWASTIES -
			ch:receive:RCRA:CERCLA:or.other.remedial.wastes.must.complete:Ran
D.			
GEN	IERAL INFORMAT	ION:	
	D		atta an annual and an atmospherical and an analysis of
F.1.	Pretreatment Progra	am. Does the treatment works have, or is it subject	ot to, an approved pretreatment program?
	X Yes	No	
		-	
F.2.	Number of Significan	t Industrial Users (SILIs) and Categorical Industrial	Users (CIUs). Provide the number of each of the following types of
	•	lischarge to the treatment works.	1 03613 (0103). The vide the marriage of each of the lesiowing types of
	a. Number of no	on-categorical SIUs. 19	
	b. Number of C		
	b. Rumber of C		
SIGN	HEICANT INDUST	RIAL USER INFORMATION:	
		•	L https://o/the/realmentaworks/gop/rquestlons/Es/through/F8/and/s
St. 1977 1 27	de the information req		
F.3.	-	al User Information. Provide the name and addre	ess of each SIU discharging to the treatment works. Submit additional
	pages as necessary.		
	Name:	Novozymes	
	Mailing Address:	525 Branch Street	
		Salem, VA 24153	*
		·	
F.4.	Industrial Processes	s. Describe all of the industrial processes that affe	ect or contribute to the SILI's discharge
17.		,	of ordinate is the old of alesticing of
	SIC 2015: Pertilizers	, mixing only; SIC 2836: Biological Products	
F.5.	Principal Product(s)	and Raw Material(s) Describe all of the princips	al processes and raw materials that affect or contribute to the SIU's
r.s.	discharge.	the field waterial(e). Becaute all of the principe	in processes and rare materials that another a contains at the circ
	v		
	Principal product(s):	Plant care products	
	Filliopal product(s).	Flant care products	
	Raw material(s):	Iron and fertilizers	,
F.6.	Flow Rate.		
			ne of process wastewater discharged into the collection system in gallons
		and whether the discharge is continuous or interm	
	5, 484	gpd (continuous or X_intermi	ittent)
	l. Non mysesses	westernate flowerts. Indicate the evenes deflect	ations of non-process westerness flow discharged into the collection
		wastewater now rate. Indicate the average daily vi lons per day (gpd) and whether the discharge is co	rolume of non-process wastewater flow discharged into the collection ontinuous or intermittent.
	-,		
		gpd (continuous or interm	incord,
	<u> </u>		
F.7.		ards. Indicate whether the SIU is subject to the foll	lowing:
	a. Local limits	X_Yes	No
	 b. Categorical pr 	retreatment standards X Yes	_No
	If subject to categoric	al pretreatment standards, which category and sub	ncategory?

40 CFR 418 (Mixed and Blend Fertilizer Production (Subpart G))

					Approved 1/14/99
Veste	rn Virginia Water Aut	thority Water Pollution	Control Plant; VA0025020	ОМВІ	Number 2040-0086
	Problems at the Tre	eatment Works Attribut	ted to Waste Discharged by the SIU		
.8.			in the past three years?		
	Yes X	_No If yes	s, describe each episode.		
CRA	HAZARDOUS WA	STE RECEIVED BY	TRUCK, RAIL, OR DEDICATED I	PIPELINE:	
.9.	RCRA Waste. Does pipe?	the treatment works red	ceive or has it in the past three years r	eceived RCRA hazardous was	te by truck, rail, or dedicat
		X No (go to F.12	21		
			<u>,</u>		
10.	Waste Transport. M	fethod by which RCRA	waste is received (check all that apply)	h:	
10.	Truck	Rail	Dedicated Pipe	•	
		1 (611	Dedicated 1 ipo		
11.	Waste Description	Give EPA hazardous w	aste number and amount (volume or r	nass snecify units)	
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2A YOU MUST COMPLETE

Form Approved 1/14/99

Western Virginia Water Authority Water Pollution Control Plant;

VA0025020

OMB Number 2040-0086

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a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.		Raw material(s):	Fertilizers
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If subject to categorical pretreatment standards, which category and subcategory?			retreatment standards X Yes No
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				Form Approved 1/14/99	•
Weste	rn Virginia Water Au	thority Water Pollution	Control Plant; VA0025020	OMB Number 2040-008	36
- 0			ted to Waste Discharged by the SIU. Has	the SIU caused or contributed to any prob	olems (e.c
8.	Yes X) at the treatment works i	in the past three years?		
		_100 11,500	, describe each episode.		
CRA	HAZARDOUS WA	STE RECEIVED BY	TRUCK, RAIL, OR DEDICATED PIPE	LINE:	
9.	RCRA Waste. Does pipe?	the treatment works rec	ceive or has it in the past three years receive	ed RCRA hazardous waste by truck, rail, o	r dedicat
	Yes	X No (go to F.12	2.)		
.10.	Waste Transport. N	Method by which RCRA v	waste is received (check all that apply):		
	Truck	Rail	Dedicated Pipe		
.11.	•		aste number and amount (volume or mass,	•	
	EPA Hazardous Was	ste Number	<u>Amount</u>	<u>Units</u>	
				· ·	
			<u> </u>	.	
EDC	A (SLIDEBELIND)	WASTEWATER RO	RA REMEDIATION/CORRECTIVE AC	TIONI	
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		LICK KEIMEDIAL AC	TIVITY WASTEWATER:		
1701		HER REWEDIAL AC	TIVITY WASTEWATER:		
	·		orks currently (or has it been notified that it v	vill) receive waste from remedial activities?	?
	Remediation Waste			vill) receive waste from remedial activities?	?
	Remediation Waste	o. Does the treatment wo	orks currently (or has it been notified that it v		?
12.	Remediation Waste. Yes (complete Provide a list of sites	e. Does the treatment wo F.13 through F.15.) and the requested inform	orks currently (or has it been notified that it v XNo mation (F.13 - F.15.) for each current and fu	ture site.	
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12. 13.	Pollutants. List the l	e. Does the treatment wo e F.13 through F.15.) and the requested information of the site and type of five years).	orks currently (or has it been notified that it v X No mation (F.13 - F.15.) for each current and fu facility at which the CERCLA/RCRA/or othe	ture site. r remedial waste originates (or is expected	d to
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OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM
2A YOU MUST COMPLETE

Form Approved 1/14/99

Western Virginia Water Authority Water Pollution Control Plant;

OMB Number 2040-0086

VA0025020 SUPPLEMENTAL APPLICATION IN FORMATION 2 PART/F\$/INDUSTRIAL/USER/DISCHARGES/AND/RCRA/GERGLA/WAS/TE All treatment works receiving discharges from significant industrial users of which receive RCRA-C **GENERAL INFORMATION:** Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program? F.1. F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works. Number of non-categorical SIUs. 19 Number of CIUs. 22 SIGNIFICANT INDUSTRIAL USER INFORMATION: Supply the following information for each SIU; if more than one SIU discharges to the treatment works, copy questions is 3 through it 8 and ... provide the information requested for each SIU. F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary. Name: Pepsi Cola Bottling Company Mailing Address: 226 Lee Highway Roanoke, VA 24019 Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge. F.4. **Manufactures Soft Drinks** Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's F.5. discharge. Principal product(s): Soft Drinks Raw material(s): Colors and flavorings, syrup concentrate, corn syrup, and various preservatives F.6. Flow Rate. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. ~58,000 gpd (X continuous or intermittent) Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. (_X_continuous or ____ intermittent) 1,600 F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following: a. Local limits Categorical pretreatment standards If subject to categorical pretreatment standards, which category and subcategory?

RCRA HAZ S.9. RCR pipe 1.10. Was EPA ERCLA (SVASTEWA 1.12. Rem Prov 1.13. Was	ginia Water Authority Water Pollution Control Plant; VA0025020 blems at the Treatment Works Attributed to Waste Discharged by the SIU. Has ets, interference) at the treatment works in the past three years? YesXNo	LINE: ed RCRA hazardous waste by truck, rail, or dedicate specify units). Units TION will) receive waste from remedial activities?
.10. Was EPA .11. Rem Prov .13. Was	ARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPEL A Waste. Does the treatment works receive or has it in the past three years receive? Yes X No (go to F.12.) Truck Rail Dedicated Pipe Truck Rail Dedicated Pipe Truck Rail Dedicated Pipe Truck Rail Arount SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTURER, AND OTHER REMEDIAL ACTIVITY WASTEWATER: ediation Waste. Does the treatment works currently (or has it been notified that it we Yes (complete F.13 through F.15.) X No	LINE: ed RCRA hazardous waste by truck, rail, or dedicate specify units). Units TION will) receive waste from remedial activities?
.10. Was .11. Was EPA .12. Rem Prov	A Waste. Does the treatment works receive or has it in the past three years received? Yes X No (go to F.12.) te Transport. Method by which RCRA waste is received (check all that apply): Truck Rail Dedicated Pipe te Description. Give EPA hazardous waste number and amount (volume or mass, Hazardous Waste Number Amount SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTUER, AND OTHER REMEDIAL ACTIVITY WASTEWATER: ediation Waste. Does the treatment works currently (or has it been notified that it was Yes (complete F.13 through F.15.)	specify units). Units TION will) receive waste from remedial activities?
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.10. Was .11. Was .EPA	Yes X No (go to F.12.) te Transport. Method by which RCRA waste is received (check all that apply): Truck	specify units). <u>Units</u> TION will) receive waste from remedial activities?
ERCLA (SVASTEWA	te Transport. Method by which RCRA waste is received (check all that apply): Truck	Units TION will) receive waste from remedial activities?
ERCLA (SVASTEWA	TruckRailDedicated Pipe te Description. Give EPA hazardous waste number and amount (volume or mass, Hazardous Waste NumberAmount SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTURER, AND OTHER REMEDIAL ACTIVITY WASTEWATER: ediation Waste. Does the treatment works currently (or has it been notified that it was Yes (complete F.13 through F.15.)XNo	Units TION will) receive waste from remedial activities?
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.12. Rem Prov	TER, AND OTHER REMEDIAL ACTIVITY WASTEWATER: ediation Waste. Does the treatment works currently (or has it been notified that it w Yes (complete F.13 through F.15.) X No	vill) receive waste from remedial activities?
Prov	Yes (complete F.13 through F.15.) X No	
.13. Was	ide a list of sites and the requested information (F.13 - F.15.) for each current and fut	ture site.
	te Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other	r remedial waste originates (or is expected to
_	nate in the next five years).	Tomodal waste originates (or is expected to
	ntants. List the hazardous constituents that are received (or are expected to received in (Attach additional sheets if necessary).	ed). Include data on volume and concentration, if
	•	
.15. Was	te Treatment.	·
a.	Is this waste treated (or will it be treated) prior to entering the treatment works?	
	Yes No	
	If yes, describe the treatment (provide information about the removal efficiency):	
b.	Is the discharge (or will the discharge be) continuous or intermittent?	
IJ.	Continuous Intermittent If intermittent, describe	e discharge schedule
		z alostialgo obtionalo.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	END OF PART F.	

Form Approved 1/14/99

Western Virginia Water Authority Water Pollution Control Plant; VA0025020

OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION 22 22 22 22 22 22 22

3FN	ERAL INFORMA	TION:
.1.		gram. Does the treatment works have, or is it subject to, an approved pretreatment program?
.1.	_	
	X Yes	No
.2.	Number of Significa	ant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types o
		t discharge to the treatment works.
		non-categorical SIUs. 19
	b. Number of (CIUs
		TRIAL USER INFORMATION:
		mation for each SIU. :If more than one SIU discharges to the treatment works; copy questions F 3 through F8 a quested for each SIU.
1001		Ancorogio, egotti alaksis sasta sugaran kata a sasta sas
.3.	Significant Industr pages as necessary	rial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit addition
	pages as necessary	·•
	Name:	Precision Fabrics Group Inc.
	Mailing Address:	323 West Virginia Avenue
		Vinton, VA 24179
	la directulal Burana	
.4.		es. Describe all of the industrial processes that affect or contribute to the SIU's discharge.
.4.	Industrial Processo Weaving, Slashing	es. Describe all of the industrial processes that affect or contribute to the SIU's discharge.
	Weaving, Slashing Principal Product(s	es. Describe all of the industrial processes that affect or contribute to the SIU's discharge.
	Weaving, Slashing	es. Describe all of the industrial processes that affect or contribute to the SIU's discharge. , Wash down
	Weaving, Slashing Principal Product(s	es. Describe all of the industrial processes that affect or contribute to the SIU's discharge. g, Wash down s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's
	Weaving, Slashing Principal Product(s discharge.	es. Describe all of the industrial processes that affect or contribute to the SIU's discharge. g, Wash down s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's
	Weaving, Slashing Principal Product(s discharge.	es. Describe all of the industrial processes that affect or contribute to the SIU's discharge. g, Wash down s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's
.4. .5.	Weaving, Slashing Principal Product(s discharge. Principal product(s):	es. Describe all of the industrial processes that affect or contribute to the SIU's discharge. J. Wash down s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Synthetic Nylon, Polyester Filament Yarn, into a variety of products
.5.	Weaving, Slashing Principal Product(s discharge. Principal product(s): Raw material(s):	es. Describe all of the industrial processes that affect or contribute to the SIU's discharge. J. Wash down s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Synthetic Nylon, Polyester Filament Yarn, into a variety of products Nylon and polyester filament yarn
.5.	Principal Product(s discharge. Principal product(s): Raw material(s): Flow Rate. a. Process was	es. Describe all of the industrial processes that affect or contribute to the SIU's discharge. J. Wash down s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Synthetic Nylon, Polyester Filament Yarn, into a variety of products
.5.	Principal Product(s discharge. Principal product(s): Raw material(s): Flow Rate. a. Process was	es. Describe all of the industrial processes that affect or contribute to the SIU's discharge. g, Wash down s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Synthetic Nylon, Polyester Filament Yarn, into a variety of products Nylon and polyester filament yarn stewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gard) and whether the discharge is continuous or intermittent.
.5.	Principal Product(s discharge. Principal product(s): Raw material(s): Flow Rate. a. Process was per day (gpo	es. Describe all of the industrial processes that affect or contribute to the SIU's discharge. (a), Wash down s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Synthetic Nylon, Polyester Filament Yarn, into a variety of products Nylon and polyester filament yarn stewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gard) and whether the discharge is continuous or intermittent. gpd (X_continuous or intermittent)
.5.	Principal Product(s discharge. Principal product(s): Raw material(s): Flow Rate. a. Process was per day (gpo ~40,000 b. Non-process	es. Describe all of the industrial processes that affect or contribute to the SIU's discharge. g, Wash down s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Synthetic Nylon, Polyester Filament Yarn, into a variety of products Nylon and polyester filament yarn stewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gard) and whether the discharge is continuous or intermittent.
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.6.	Principal Product(s discharge. Principal product(s): Raw material(s): Flow Rate. a. Process was per day (gpo ~40,000 b. Non-process system in ga ~8,600	es. Describe all of the industrial processes that affect or contribute to the SIU's discharge. J. Wash down s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Synthetic Nylon, Polyester Filament Yarn, into a variety of products Nylon and polyester filament yarn stewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gard) and whether the discharge is continuous or intermittent. gpd (Xcontinuous orintermittent) s wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection allons per day (gpd) and whether the discharge is continuous or intermittent. gpd (Xcontinuous or intermittent)
.6.	Principal Product(s discharge. Principal product(s): Raw material(s): Flow Rate. a. Process was per day (gpo ~40,000 b. Non-process system in ga ~8,600 Pretreatment Stand	es. Describe all of the industrial processes that affect or contribute to the SIU's discharge. J. Wash down s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Synthetic Nylon, Polyester Filament Yarn, into a variety of products Nylon and polyester filament yarn stewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in ged) and whether the discharge is continuous or intermittent. gpd (_X_continuous orintermittent) s wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection allons per day (gpd) and whether the discharge is continuous or intermittent. gpd (_X_continuous or intermittent) dards. Indicate whether the SIU is subject to the following:
.6.	Principal Product(s discharge. Principal product(s): Raw material(s): Flow Rate. a. Process was per day (gpo ~40,000 b. Non-process system in ga ~8,600 Pretreatment Standa. Local limits	es. Describe all of the industrial processes that affect or contribute to the SIU's discharge. J. Wash down s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Synthetic Nylon, Polyester Filament Yarn, into a variety of products Nylon and polyester filament yarn stewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gad) and whether the discharge is continuous or intermittent. gpd (Xcontinuous orintermittent) s wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection allons per day (gpd) and whether the discharge is continuous or intermittent. gpd (Xcontinuous or intermittent) dards. Indicate whether the SIU is subject to the following: X_YesNo
	Principal Product(s discharge. Principal product(s): Raw material(s): Flow Rate. a. Process was per day (gpo ~40,000 b. Non-process system in ga ~8,600 Pretreatment Standa. Local limits	es. Describe all of the industrial processes that affect or contribute to the SIU's discharge. J. Wash down s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Synthetic Nylon, Polyester Filament Yarn, into a variety of products Nylon and polyester filament yarn stewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in ged) and whether the discharge is continuous or intermittent. gpd (_X_continuous orintermittent) s wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection allons per day (gpd) and whether the discharge is continuous or intermittent. gpd (_X_continuous or intermittent) dards. Indicate whether the SIU is subject to the following:

leste	ern Virginia Water Authority Water Pollution Control Plant; VA0025020	OMB Number 2040-0086
.8.	Problems at the Treatment Works Attributed to Waste Discharged by the St upsets, interference) at the treatment works in the past three years?	
	Yes X No If yes, describe each episode.	
CRA	A HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED	PIPELINE:
.9.	RCRA Waste. Does the treatment works receive or has it in the past three years pipe?	received RCRA hazardous waste by truck, rail, or dedica
	YesX No (go to F.12.)	
10.	Waste Transport. Method by which RCRA waste is received (check all that app Truck Rail Dedicated Pipe	ly):
11.	Waste Description. Give EPA hazardous waste number and amount (volume or	r mass, specify units).
	EPA Hazardous Waste Number Amount	<u>Units</u>
		. —
RC	LA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTI	VE ACTION
\ST	FEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:	
	Yes (complete F.13 through F.15.) Provide a list of sites and the requested information (F.13 - F.15.) for each curren	that it will) receive waste from remedial activities? t and future site.
	Yes (complete F.13 through F.15.)	t and future site.
12.	Yes (complete F.13 through F.15.) Provide a list of sites and the requested information (F.13 - F.15.) for each current Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA	t and future site.
13.	Yes (complete F.13 through F.15.) Provide a list of sites and the requested information (F.13 - F.15.) for each current Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA	t and future site. /or other remedial waste originates (or is expected to
3.	Yes (complete F.13 through F.15.) Provide a list of sites and the requested information (F.13 - F.15.) for each current waste Origin. Describe the site and type of facility at which the CERCLA/RCRA originate in the next five years). Pollutants. List the hazardous constituents that are received (or are expected to known. (Attach additional sheets if necessary).	t and future site. /or other remedial waste originates (or is expected to
3.	Yes (complete F.13 through F.15.) No Provide a list of sites and the requested information (F.13 - F.15.) for each current waste Origin. Describe the site and type of facility at which the CERCLA/RCRA originate in the next five years). Pollutants. List the hazardous constituents that are received (or are expected to known. (Attach additional sheets if necessary). Waste Treatment.	t and future site. /or other remedial waste originates (or is expected to received). Include data on volume and concentration, if
3 .	Yes (complete F.13 through F.15.) Provide a list of sites and the requested information (F.13 - F.15.) for each current waste Origin. Describe the site and type of facility at which the CERCLA/RCRA originate in the next five years). Pollutants. List the hazardous constituents that are received (or are expected to known. (Attach additional sheets if necessary). Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment woYesNo	t and future site. /or other remedial waste originates (or is expected to received). Include data on volume and concentration, if
3.	Yes (complete F.13 through F.15.) No Provide a list of sites and the requested information (F.13 - F.15.) for each current waste Origin. Describe the site and type of facility at which the CERCLA/RCRA originate in the next five years). Pollutants. List the hazardous constituents that are received (or are expected to known. (Attach additional sheets if necessary). Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment would be treatment.	t and future site. /or other remedial waste originates (or is expected to received). Include data on volume and concentration, if
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3 .	Yes (complete F.13 through F.15.) Provide a list of sites and the requested information (F.13 - F.15.) for each current waste Origin. Describe the site and type of facility at which the CERCLA/RCRA originate in the next five years). Pollutants. List the hazardous constituents that are received (or are expected to known. (Attach additional sheets if necessary). Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment working yes. No If yes, describe the treatment (provide information about the removal efficient of the discharge (or will the discharge be) continuous or intermittent?	t and future site. /or other remedial waste originates (or is expected to received). Include data on volume and concentration, if
3 .	Yes (complete F.13 through F.15.) Provide a list of sites and the requested information (F.13 - F.15.) for each current waste Origin. Describe the site and type of facility at which the CERCLA/RCRA originate in the next five years). Pollutants. List the hazardous constituents that are received (or are expected to known. (Attach additional sheets if necessary). Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment working yes. No If yes, describe the treatment (provide information about the removal efficient of the discharge (or will the discharge be) continuous or intermittent?	t and future site. /or other remedial waste originates (or is expected to received). Include data on volume and concentration, if rks? ency):

Form Approved 1/14/99

Western Virginia Water Authority Water Pollution Control Plant;

VAUU	25020				OMB Number 2040-0086	
SU	RREMENTA	AL APPLICAT	IONINFOR	MATION		
				/CERCLAWASTES	GERCLA or other remedial wastes must complete	a Rari
GEN	IERAL INFORMAT	ΓΙΟΝ:				3
F.1.	Pretreatment Progr	ram. Does the treatmer	nt works have, or is it	subject to, an approved	pretreatment program?	
	XYes	No				
F.2.		nt Industrial Users (SIUs discharge to the treatme		dustrial Users (CIUs). Pr	ovide the number of each of the following types of	
	a. Number of n	on-categorical SIUs.	19	_		
	b. Number of C	IUs.	22	-		
		RIAL USER INFO			and the second s	
7836 - 573	CALL TO SEE THE PROPERTY OF TH	DEPT. THE STATE OF	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	discharges to the trea	ment works/copy questions F3 through F!8 ar	id.
F.3.	Significant Industri pages as necessary.		Provide the name and	d address of each SIU dis	scharging to the treatment works. Submit additions	al
	Name:	Precision Steel Mai	nufacturing Corpor	ation		
	Mailing Addross:	1723 Seibel Drive				
	Mailing Address:	Roanoke, VA 24012	<u>2</u>			
F.4.	Industrial Processe	s. Describe all of the in	idustrial processes th	nat affect or contribute to	the SIU's discharge.	
	Steel Fabrication					
F.5.	Principal Product(s discharge.) and Raw Material(s).	Describe all of the p	orincipal processes and r	aw materials that affect or contribute to the SIU's	
	Principal product(s):	Job Shop Custom F	Fabrication of Shee	t Metal and Structural S	iteel Products	
	Raw material(s):	Steel				
	.					
F.6.				•	ewater discharged into the collection system in gal	lans
	. , , , ,	and whether the discharge	arge is continuous or continuous or			
	300	gpd (<u>X</u> _	continuous or	<u>m</u> emmem)		
				daily volume of non-proc se is continuous or interm	ess wastewater flow discharged into the collection ittent.	
	1,500	gpd (<u>X</u>	_continuous or	_intermittent)		
F.7.	Pretreatment Stand	ards. Indicate whether	the SIU is subject to	the following:		
	a. Local limits		X_Yes	No		
	b. Categorical p	retreatment standards	X Yes	No		
	If publicat to anto-surf-	ol protroctus of the de-	rdo judich satssass =	and pubertoness?		
	40 CFR 433 (Metal F	al pretreatment standar inishing)	us, which category a	mu subcategory?		

Weste				Form Approved 1/14/99
*16916	rn Virginia Water Au	thority Water Pollution	n Control Plant; VA0025020	OMB Number 2040-0086
				the SIU caused or contributed to any problems (e.g.
F.8.			in the past three years?	
	Yes <u>X</u>	_No If ye	s, describe each episode.	
RCRA	HAZARDOUS WA	STE RECEIVED BY	TRUCK, RAIL, OR DEDICATED PIPE	LINE:
F.9.	PCRA Waste Does	s the treatment works re	ceive or has it in the past three years receive	ed RCRA hazardous waste by truck, rail, or dedicate
	pipe?		conversion nation and past arrest years reserve	Tarrette and the state of the s
	Yes	X No (go to F.1	2.)	
				
- .10.	Waste Transport, N	Method by which RCRA	waste is received (check all that apply):	
	Truck	Rail	Dedicated Pipe	
	Tuok		Bodibated 1 ipo	
- 44	Wasta Description	Civa EBA hazardaya y	vaste number and amount (volume or mass,	anacify unita)
F.11.	_		·	
	EPA Hazardous Was	ste Number	<u>Amount</u>	<u>Units</u>
	,		· ·	
	•		CRA REMEDIATION/CORRECTIVE AC	TION
NASI	EWATER, AND OT	HER REMEDIAL AC	CTIVITY WASTEWATER:	
F.12.	Pamadiation Wasta	Does the treatment w	orks currently (or has it been notified that it w	vill) roceive waste from remedial activities?
I Z.				viii) receive waste from remodial activities:
	Yes (complete	F. 13 INFOUGH F. 13.1		
	Barrier - Part of Albert	-	·	th.
	Provide a list of sites	-	rmation (F.13 - F.15.) for each current and fu	ture site.
- 12		and the requested infor	rmation (F.13 - F.15.) for each current and fu	
₹.13.		and the requested infor	rmation (F.13 - F.15.) for each current and fu	ture site. r remedial waste originates (or is expected to
₹.13.	Waste Origin. Desc	and the requested infor	rmation (F.13 - F.15.) for each current and fu	
₹.13.	Waste Origin. Desc	and the requested infor	rmation (F.13 - F.15.) for each current and fu	
F.13.	Waste Origin. Desc	and the requested infor	rmation (F.13 - F.15.) for each current and fu	
F.13.	Waste Origin. Desc	and the requested infor	rmation (F.13 - F.15.) for each current and fu	
F.13.	Waste Origin. Desc originate in the next f	and the requested infor cribe the site and type of five years).	rmation (F.13 - F.15.) for each current and fu	r remedial waste originates (or is expected to
	Waste Origin. Description originate in the next f	and the requested infor cribe the site and type of five years).	rmation (F.13 - F.15.) for each current and fur f facility at which the CERCLA/RCRA/or othe that are received (or are expected to receive	
	Waste Origin. Description originate in the next f	and the requested inforcifibe the site and type of five years).	rmation (F.13 - F.15.) for each current and fur f facility at which the CERCLA/RCRA/or othe that are received (or are expected to receive	r remedial waste originates (or is expected to
	Waste Origin. Description originate in the next f	and the requested inforcifibe the site and type of five years).	rmation (F.13 - F.15.) for each current and fur f facility at which the CERCLA/RCRA/or othe that are received (or are expected to receive	r remedial waste originates (or is expected to
	Waste Origin. Description originate in the next f	and the requested inforcifibe the site and type of five years).	rmation (F.13 - F.15.) for each current and fur f facility at which the CERCLA/RCRA/or othe that are received (or are expected to receive	r remedial waste originates (or is expected to
=.14.	Waste Origin. Description originate in the next f	and the requested inforcifibe the site and type of five years).	rmation (F.13 - F.15.) for each current and fur f facility at which the CERCLA/RCRA/or othe that are received (or are expected to receive	r remedial waste originates (or is expected to
₹.14.	Waste Origin. Description originate in the next f	and the requested inforceribe the site and type of five years). hazardous constituents tional sheets if necessar	rmation (F.13 - F.15.) for each current and fur facility at which the CERCLA/RCRA/or other than the certain and the certain and the certain and further than the certain are received (or are expected to receive ry).	r remedial waste originates (or is expected to
F.14.	Waste Origin. Description originate in the next for the n	and the requested inforceribe the site and type of five years). hazardous constituents tional sheets if necessar	rmation (F.13 - F.15.) for each current and fur f facility at which the CERCLA/RCRA/or othe that are received (or are expected to receive	r remedial waste originates (or is expected to
=.14.	Pollutants. List the known. (Attach addit Waste Treatment. a. Is this waste tr	and the requested inforce and type of five years). hazardous constituents tional sheets if necessar	rmation (F.13 - F.15.) for each current and fur f facility at which the CERCLA/RCRA/or othe that are received (or are expected to receive ry). ed) prior to entering the treatment works?	r remedial waste originates (or is expected to
=.14.	Pollutants. List the known. (Attach addit Waste Treatment. a. Is this waste tr	and the requested inforce and type of five years). hazardous constituents tional sheets if necessar	rmation (F.13 - F.15.) for each current and fur facility at which the CERCLA/RCRA/or other than the certain and the certain and the certain and further than the certain are received (or are expected to receive ry).	r remedial waste originates (or is expected to
∹.14.	Pollutants. List the known. (Attach addit Waste Treatment. a. Is this waste tr	and the requested inforce and type of five years). hazardous constituents tional sheets if necessar	rmation (F.13 - F.15.) for each current and fur f facility at which the CERCLA/RCRA/or othe that are received (or are expected to receive ry). ed) prior to entering the treatment works?	r remedial waste originates (or is expected to
₹.14.	Pollutants. List the known. (Attach addit Waste Treatment. a. Is this waste tr	and the requested inforce and type of five years). hazardous constituents tional sheets if necessar	rmation (F.13 - F.15.) for each current and fur f facility at which the CERCLA/RCRA/or othe that are received (or are expected to receive ry). ed) prior to entering the treatment works?	r remedial waste originates (or is expected to
₹.14.	Pollutants. List the known. (Attach addit Waste Treatment. a. Is this waste tr	and the requested inforce and type of five years). hazardous constituents tional sheets if necessar	rmation (F.13 - F.15.) for each current and fur f facility at which the CERCLA/RCRA/or othe that are received (or are expected to receive ry). ed) prior to entering the treatment works?	r remedial waste originates (or is expected to
F.14.	Waste Origin. Description originate in the next for the n	reated (or will it be treated No	rmation (F.13 - F.15.) for each current and fur f facility at which the CERCLA/RCRA/or othe that are received (or are expected to receive ry). ed) prior to entering the treatment works?	r remedial waste originates (or is expected to
F.14.	Waste Origin. Description originate in the next for the n	reated (or will it be treated No ethe treatment (provide the treatme	rmation (F.13 - F.15.) for each current and fur facility at which the CERCLA/RCRA/or other that are received (or are expected to receivery).	r remedial waste originates (or is expected to
F.14. F.15.	Waste Origin. Description originate in the next formula for the next formula for the next formula for the next formula for the next formula for the next formula for the next formula for the next formula for the next formula for the next formula for the next formula for the next	reated (or will it be treated No ethe treatment (provide the treatme	rmation (F.13 - F.15.) for each current and fur facility at which the CERCLA/RCRA/or other that are received (or are expected to receive ry). ed) prior to entering the treatment works? information about the removal efficiency):	r remedial waste originates (or is expected to

2A YOU MUST COMPLETE

Form Approved 1/14/99

Western Virginia Water Authority Water Pollution Control Plant;

VA0025020

OMB Number 2040-0086

· C ·	EDAL INCORRE	TION
EN	ERAL INFORMA	
1.	Pretreatment Prog	ram. Does the treatment works have, or is it subject to, an approved pretreatment program?
	XYes	No
2.	•	int Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of discharge to the treatment works.
	a. Number of	non-categorical SIUs19
	b. Number of	CIUs. <u>22</u>
GN	JIFICANT INDUS	TRIAL USER INFORMATION:
ipp	y the following infor	mation for each SIU; it more than one SIU discharges to the treatment works, copy questions F3 through F8 an
ovi	de the information re	quested for each SIU.
3.	*	ial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional
	pages as necessary	
	Name:	Salem Water Filtration Plant
	Mailing Address:	1300 Tidewater Street
		Salem, VA 24153
1	Industrial Process	
4.	Industrial Process Water Treatment	Salem, VA 24153 es. Describe all of the industrial processes that affect or contribute to the SIU's discharge.
	Water Treatment Principal Product(
	Water Treatment	es. Describe all of the industrial processes that affect or contribute to the SIU's discharge.
	Water Treatment Principal Product(es. Describe all of the industrial processes that affect or contribute to the SIU's discharge. s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's
	Water Treatment Principal Product(s) discharge. Principal product(s)	es. Describe all of the industrial processes that affect or contribute to the SIU's discharge. s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's
	Water Treatment Principal Product(discharge.	es. Describe all of the industrial processes that affect or contribute to the SIU's discharge. s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's
4. 5.	Principal Product(discharge. Principal product(s): Raw material(s):	es. Describe all of the industrial processes that affect or contribute to the SIU's discharge. s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's
	Principal Product(s): Principal product(s): Raw material(s): Flow Rate. a. Process wa	es. Describe all of the industrial processes that affect or confribute to the SIU's discharge. s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Drinking Water stewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in galle
5.	Principal Product(s): Principal product(s): Raw material(s): Flow Rate. a. Process war per day (gpo	es. Describe all of the industrial processes that affect or contribute to the SIU's discharge. s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Drinking Water stewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in galled) and whether the discharge is continuous or intermittent.
5.	Principal Product(s): Principal product(s): Raw material(s): Flow Rate. a. Process wa	es. Describe all of the industrial processes that affect or confribute to the SIU's discharge. s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Drinking Water stewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in galle
5.	Principal Product(s): Principal product(s): Raw material(s): Flow Rate. a. Process wa per day (gpo 3,000 b. Non-process	es. Describe all of the industrial processes that affect or contribute to the SIU's discharge. s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Drinking Water stewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gall and whether the discharge is continuous or intermittent. gpd (continuous or Xintermittent) s wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection allons per day (gpd) and whether the discharge is continuous or intermittent.
5.	Principal Product(s): Principal product(s): Raw material(s): Flow Rate. a. Process wa per day (gpo 3,000 b. Non-process	es. Describe all of the industrial processes that affect or contribute to the SIU's discharge. s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Drinking Water stewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in galled) and whether the discharge is continuous or intermittent. gpd (continuous orXintermittent) s wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection
5.	Principal Product(s): Principal product(s): Raw material(s): Flow Rate. a. Process wa per day (gpt 3,000 b. Non-process system in gate	es. Describe all of the industrial processes that affect or contribute to the SIU's discharge. s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Drinking Water stewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gall and whether the discharge is continuous or intermittent. gpd (continuous or Xintermittent) s wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection allons per day (gpd) and whether the discharge is continuous or intermittent. gpd (continuous or intermittent)
5.	Principal Product(s): Principal product(s): Raw material(s): Flow Rate. a. Process was per day (gpo 3,000 b. Non-process system in gas	es. Describe all of the industrial processes that affect or contribute to the SIU's discharge. s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Drinking Water stewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in galled) and whether the discharge is continuous or intermittent. gpd (continuous or Xintermittent) s wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection altons per day (gpd) and whether the discharge is continuous or intermittent. gpd (continuous or intermittent) dards. Indicate whether the SIU is subject to the following:
5.	Principal Product(s): Principal product(s): Raw material(s): Flow Rate. a. Process was per day (gpo 3,000 b. Non-process system in gate of the product of the product of the product of the product of the product of the product of the principal	es. Describe all of the industrial processes that affect or contribute to the SIU's discharge. s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Drinking Water stewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in galled) and whether the discharge is continuous or intermittent. gpd (continuous or X_ intermittent) s wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection allons per day (gpd) and whether the discharge is continuous or intermittent. gpd (continuous or intermittent) dards. Indicate whether the SIU is subject to the following: X_Yes No
5.	Principal Product(s): Principal product(s): Raw material(s): Flow Rate. a. Process was per day (gpo 3,000 b. Non-process system in gate of the product of the product of the product of the product of the product of the product of the principal	es. Describe all of the industrial processes that affect or contribute to the SIU's discharge. s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Drinking Water stewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in galled) and whether the discharge is continuous or intermittent. gpd (continuous or Xintermittent) s wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection allons per day (gpd) and whether the discharge is continuous or intermittent. gpd (continuous or intermittent) dards. Indicate whether the SIU is subject to the following:

Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributes, interference) at the treatment works in the past three years? Yes X No If yes, describe each episode. RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE: RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous was pipe? Yes X No (go to F.12.) F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):	
F.8. upsets, interference) at the treatment works in the past three years? Yes X No If yes, describe each episode. RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE: F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous was pipe? Yes X No (go to F.12.)	
Pes X No If yes, describe each episode. RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE: F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous was pipe? Yes X No (go to F.12.)	
F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous was pipe? Yes X No (go to F.12.)	
F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous was pipe? YesX No (go to F.12.)	
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F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous was pipe? YesXNo (go to F.12.)	
pipe?YesX No (go to F.12.)	te by truck, rail, or dedicated
YesX No (go to F.12.)	
E 10 Waste Transport Method by which RCRA waste is received (check all that apply):	
E 10 Waste Transport Method by which RCRA waste is received (check all that apply):	
1.19. Freeto transporti monoco oj mnon tora tracto o rocertos foncias an matappija.	
Truck Rail Dedicated Pipe	
Truck Sociolated 1 po	
F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).	
EPA Hazardous Waste Number Amount Units	
	_
	-
	-
CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION	
WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:	
WASTEWATER, AND STIER REMIEDIAL ASTROIT WASTEWATER.	
F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from re	medial activities?
	illental activities:
Yes (complete F.13 through F.15.)	
Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.	
F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originate	es (or is expected to
originate in the next five years).	
	
	<u> </u>
F.14. Pollutants. List the hazardous constituents that are received (or are expected to received). Include data on voluments	me and concentration, if
known. (Attach additional sheets if necessary).	
F.15. Waste Treatment.	
a. Is this waste treated (or will it be treated) prior to entering the treatment works?	
Van Na	
Yes NO	
Yes No	
Yes No If yes, describe the treatment (provide information about the removal efficiency):	
	
If yes, describe the treatment (provide information about the removal efficiency):	
If yes, describe the treatment (provide information about the removal efficiency): b. Is the discharge (or will the discharge be) continuous or intermittent?	
If yes, describe the treatment (provide information about the removal efficiency):	
If yes, describe the treatment (provide information about the removal efficiency): b. Is the discharge (or will the discharge be) continuous or intermittent?	

Form Approved 1/14/99

							ATIO	

	-	hority Water Pollution Control Plant;	.]
	025020		OMB Number 2040-0086
Su	IRPLEMENTA	L'APPLICATION INFORMA	
		USER DISCHARGES AND REPAYCER	
Allitre	eatment works receiving	discharges from significant industrial users or whi	chreceive RCRA CERCLA so joiner remedial wastes must complete Rart
GEN	NERAL INFORMAT	ION:	
F.1.	Pretreatment Progra	am. Does the treatment works have, or is it subject	ct to, an approved pretreatment program?
	XYes	No	
1			
F.2.	•	t Industrial Users (SIUs) and Categorical Industria lischarge to the treatment works.	I Users (CIUs). Provide the number of each of the following types of
		on-categorical SIUs. 19	
	b. Number of Cl	Us. <u>22</u>	
		RIAL USER INFORMATION:	engestothernetimentworksgopyrguestlonstfiktilnoughtdendess
		uested for each SIU	
F.3.	Ciamidia ant Industria	I Have Information - Drovide the name and odder	and of each CIII dispharains to the treatment works. Submit additional
F.3.	pages as necessary.	I user imormation. Provide the name and addre	ess of each SIU discharging to the treatment works. Submit additional
	Name:	Virginia Transformer Corporation	
	Mailing Address:	220 Glade View Drive, N.E.	
		Roanoke, VA 24012	
- 4	Industrial Dransaca	Describe all of the industrial processes that offe	et er spatibute to the CII I's discharge
F.4.	Phosphatizing	 Describe all of the industrial processes that affe 	or of contribute to the Sto's discharge.
	Phosphatizing		
F.5.	- ,	and Raw Material(s). Describe all of the principal	al processes and raw materials that affect or contribute to the SIU's
	discharge.		
	Principal product(s):	Electrical Transformers	
	Throspar production.	Electrical Francisconic.	
	Raw material(s):	Metals, steel, insulation materials, solvents,	oils, paints, and varnish
F.6.	Flow Rate.		
		ewater flow rate. Indicate the average daily volum and whether the discharge is continuous or intern	ne of process wastewater discharged into the collection system in gallons nittent.
	~3000	gpd (X continuous or intermit	
		-	
		wastewater flow rate. Indicate the average daily v ons per day (gpd) and whether the discharge is co	olume of non-process wastewater flow discharged into the collection on tinuous or intermittent.
	~5,000	gpd (<u>X</u> continuous or inter	
	<u> </u>	<u>-</u>	•
F.7.	Pretreatment Standa	rds. Indicate whether the SIU is subject to the fol	lowing:
	a. Local limits	XYes	No
	b. Categorical pr	etreatment standards X Yes	. No
	-	al pretreatment standards, which category and sub	ocategory?
	40 CFR 433 (Metal Fi	nisning)	

	ITY NAME AND PERMIT NUMBER:		Form Approved 1/14/99
Veste	ern Virginia Water Authority Water Pollı	ution Control Plant; VA0025020	OMB Number 2040-0086
8.		tributed to Waste Discharged by the SIU. Has	s the SIU caused or contributed to any problems (e.g
		If yes, describe each episode.	
CR/	A HAZARDOUS WASTE RECEIVED	BY TRUCK, RAIL, OR DEDICATED PIPE	LINE:
9.	RCRA Waste. Does the treatment work pipe?	s receive or has it in the past three years receive	ed RCRA hazardous waste by truck, rail, or dedicat
	Yes X No (go to	F.12.)	
10.		CRA waste is received (check all that apply):	
	TruckRail	Dedicated Pipe	
11.	•	ous waste number and amount (volume or mass,	
	EPA Hazardous Waste Number	<u>Amount</u>	<u>Units</u>
	•	, RCRA REMEDIATION/CORRECTIVE AC	TION
AST	TEWATER, AND OTHER REMEDIAL	ACTIVITY WASTEWATER:	
12.	Remediation Waste. Does the treatme	nt works currently (or has it been notified that it w	will) receive waste from remedial activities?
	Yes (complete F.13 through F.15.	.) <u>X</u> No	
	Provide a list of sites and the requested	information (F.13 - F.15.) for each current and fu	ture site.
.13.	Waste Origin. Describe the site and typoriginate in the next five years).	pe of facility at which the CERCLA/RCRA/or othe	r remedial waste originates (or is expected to
.14.	Pollutants. List the hazardous constitue known. (Attach additional sheets if nece		ed). Include data on volume and concentration, if
			
15.	Waste Treatment.		
15.	a. Is this waste treated (or will it be to	reated) prior to entering the treatment works?	
15.	a. Is this waste treated (or will it be to	reated) prior to entering the treatment works?	
.15.	a. Is this waste treated (or will it be to	.,	
.15.	a. Is this waste treated (or will it be to YesNo If yes, describe the treatment (pro	vide information about the removal efficiency):	
.15.	a. Is this waste treated (or will it be to YesNo If yes, describe the treatment (pro	.,	e discharge schedule.

2A YOU MUST COMPLETE

Form Approved 1/14/99

Western Virginia Water Authority Water Pollution Control Plant;

VA00	25020	•	•			OMB Number 2040-0086
SU	PPLI	EMENTA	LAPPLICAT	IONINEORN	MATION	
BAR	T.F.	NDUSTRIAL	USER DISCHARC	SESTAND RERAVE	ERGEASV	WASTIES
						ive/RCRA (CERCIA) or other remedial wastes must complete Par
GEN	ERAL	INFORMAT	ION:			
F.1.	Pretre	eatment Progra	m Does the treatmen	nt works have or is it s	ubiect to an	approved pretreatment program?
F, 1,			in bood no nounci	it works have, or is it of	abject to, an	approved productions program.
	X	Yes	No			
F.2.	Numb	er of Significant	: Industrial Users (SIUs) and Categorical Indu	strial Users ((ClUs). Provide the питьег of each of the following types of
			ischarge to the treatme			
	a. b.	Number of CI	n-categorical SIUs.	19		
	D.	Number of Of	08.			
			RIAL USER INFO			
			ation for each SIU. If uested for each SIU.	more than one SIU d	ischarges t	to the treatment works, copy questions F.3 through F.8 and
F.3.	_	ficant Industria s as necessary.	! User Information. P	rovide the name and a	ddress of ea	ach SIU discharging to the treatment works. Submit additional
	pagoo	do necococary.				
	Name	:	Valley Machine			
	Mailin	g Address:	7500A Shadwell Dri	itro		
	IVICEIII	g Address.	Roanoke, VA 24019			-
F.4.	Indus	trial Processes	. Describe all of the in-	dustrial processes that	affect or co	entribute to the SIU's discharge.
	Grind	, weld, machine	e. Torch, fabricate par	rts, clean, deburring,	and paint	
F.5.	Princi discha	- , ,	and Raw Material(s).	Describe all of the prin	ncipal proces	sses and raw materials that affect or contribute to the SIU's
	Princir	pal product(s):	Machine Shop			
}						
	Raw n	naterial(s):	Steel and metal part	ts		
	E(D-4-				
F.6.	Flow I a.	Process waste	ewater flow rate. Indica and whether the discha			ocess wastewater discharged into the collection system in gallons
		45	_gpd (continuous or X int	ermittent)	
	b.	•	wastewater flow rate. In ons per day (gpd) and v		•	of non-process wastewater flow discharged into the collection us or intermittent.
		176	_gpd (continuous or ir	ntermittent)	
F.7.	Protro	atment Standa	rds. Indicate whether	the SIII is subject to th	e following:	
"	a.	Local limits	THE PROPERTY PROPERTY	X_Yes		No
	b.		etreatment standards	X Yes	No	
						
	lf subje	ect to categorica	al pretreatment standar	ds, which category and	d subcategor	ry?

40 CFR 433 (Metal Finishing)

	ITY NAME AND PE				1	m Approved 1/14/99
Ves <u>te</u>			tion Control Plant; VA002			B Number 2040-0086
	Problems at the	Treatment Works Attr	ributed to Waste Discharg	ed by the SIU. Has	the SIU caused or cor	ntributed to any problems (e
.8.		•	orks in the past three years?			
	Yes)	C NO	f yes, describe each episod	e.		
	-				· · · · · · · · · · · · · · · · · · ·	
						
CRA	HAZARDOUS V	VASTE RECEIVED	BY TRUCK, RAIL, OR D	DEDICATED PIPE	LINE:	
	2022111-4- 0		- Considerable man		: DOD 1	'-1 (
.9.	pipe?	es the treatment work	s receive or has it in the pas	st three years receive	ed RCKA nazardous w	aste by truck, rail, or dedica
	• •	X No (go to	F.12.)			
		·-	,			
.10.	Waste Transport	. Method by which RC	RA waste is received (chec	k all that apply):		
	Truck	Rail	Dedicated P	fipe		
.11.	Waste Descriptio	n. Give EPA hazardo	us waste number and amou	unt (volume or mass,	specify units).	
•	EPA Hazardous W		Amount	`	<u>Units</u>	
			<u></u>			
						_
	-			 .		
				 ·	-	
FRC	LA (SUPERFUN	D) WASTEWATER,	RCRA REMEDIATION/		TION	
					Carry all the control of the control	
		OTHER REMEDIAL	ACTIVITY WASTEWAT	ER:		
VAST	EWATER, AND					
VAST	Remediation Was	ste. Does the treatmer	nt works currently (or has it l		vill) receive waste from	remedial activities?
VAST	Remediation Was	ste. Does the treatmer	nt works currently (or has it l	been notified that it v		remedial activities?
WAST	Remediation Was	ste. Does the treatmer	nt works currently (or has it l	been notified that it v		ı remedial activities?
<u>WAST</u> ₹,12.	Remediation Was Yes (comple Provide a list of sit	ste. Does the treatmer ete F.13 through F.15.) ses and the requested in	nt works currently (or has it l X N nformation (F.13 - F.15.) for	been notified that it v lo r each current and fu	iture site.	
<u>WAST</u> F.12.	Remediation Was Yes (complete Provide a list of site waste Origin. De	ste. Does the treatmer ete F.13 through F.15.) es and the requested in escribe the site and type	nt works currently (or has it l	been notified that it v lo r each current and fu	iture site.	
<u>WAST</u> ,12.	Remediation Was Yes (comple Provide a list of sit	ste. Does the treatmer ete F.13 through F.15.) es and the requested in escribe the site and type	nt works currently (or has it l X N nformation (F.13 - F.15.) for	been notified that it v lo r each current and fu	iture site.	
<u>WAST</u> ₹,12.	Remediation Was Yes (complete Provide a list of site waste Origin. De	ste. Does the treatmer ete F.13 through F.15.) es and the requested in escribe the site and type	nt works currently (or has it l X N nformation (F.13 - F.15.) for	been notified that it v lo r each current and fu	iture site.	
<u>WAST</u> ₹,12.	Remediation Was Yes (complete Provide a list of site waste Origin. De	ste. Does the treatmer ete F.13 through F.15.) es and the requested in escribe the site and type	nt works currently (or has it l X N nformation (F.13 - F.15.) for	been notified that it v lo r each current and fu	iture site.	
<u>WAST</u> F.12.	Remediation Was Yes (complete Provide a list of site waste Origin. De	ste. Does the treatmer ete F.13 through F.15.) es and the requested in escribe the site and type	nt works currently (or has it l X N nformation (F.13 - F.15.) for	been notified that it v lo r each current and fu	iture site.	
WAST F.12. F.13.	Remediation Was Yes (comple Provide a list of sit Waste Origin. De originate in the nex	ete. Does the treatmer ete F.13 through F.15.) tes and the requested in escribe the site and type ext five years).	nt works currently (or has it l X N nformation (F.13 - F.15.) for	been notified that it was to want to be a current and fur RCLA/RCRA/or other	nture site. er remedial waste origin	nates (or is expected to
WAST F.12. F.13.	Remediation Was Yes (comple Provide a list of sit Waste Origin. De originate in the nex	ete. Does the treatmer ete F.13 through F.15.) tes and the requested in escribe the site and type ext five years).	nt works currently (or has it I) X N Information (F.13 - F.15.) for e of facility at which the CEI ents that are received (or are	been notified that it was to want to be a current and fur RCLA/RCRA/or other	nture site. er remedial waste origin	nates (or is expected to
WAST =.12. =.13.	Remediation Was Yes (comple Provide a list of sit Waste Origin. De originate in the nex	ete. Does the treatmer ete F.13 through F.15.) tes and the requested in escribe the site and type at five years).	nt works currently (or has it I) X N Information (F.13 - F.15.) for e of facility at which the CEI ents that are received (or are	been notified that it was to want to be a current and fur RCLA/RCRA/or other	nture site. er remedial waste origin	nates (or is expected to
WAST =.12. =.13.	Remediation Was Yes (comple Provide a list of sit Waste Origin. De originate in the nex	ete. Does the treatmer ete F.13 through F.15.) tes and the requested in escribe the site and type at five years).	nt works currently (or has it I) X N Information (F.13 - F.15.) for e of facility at which the CEI ents that are received (or are	been notified that it was to want to be a current and fur RCLA/RCRA/or other	nture site. er remedial waste origin	nates (or is expected to
WAST F.12. F.13.	Remediation Was Yes (comple Provide a list of sit Waste Origin. De originate in the nex	ete. Does the treatmer ete F.13 through F.15.) tes and the requested in escribe the site and type at five years).	nt works currently (or has it I) X N Information (F.13 - F.15.) for e of facility at which the CEI ents that are received (or are	been notified that it was to want to be a current and fur RCLA/RCRA/or other	nture site. er remedial waste origin	nates (or is expected to
WAST =.12. =.13.	Remediation Was Yes (comple Provide a list of sit Waste Origin. De originate in the nex	ete. Does the treatmer ete F.13 through F.15.) tes and the requested in escribe the site and type at five years).	nt works currently (or has it I) X N Information (F.13 - F.15.) for e of facility at which the CEI ents that are received (or are	been notified that it was to want to be a current and fur RCLA/RCRA/or other	nture site. er remedial waste origin	nates (or is expected to
WAST F.12. F.13.	Remediation Was Yes (comple Provide a list of sit Waste Origin. De originate in the nex Pollutants. List th known. (Attach ad	ete. Does the treatmer ete F.13 through F.15.) tes and the requested in escribe the site and type at five years).	nt works currently (or has it I) X N Information (F.13 - F.15.) for e of facility at which the CEI ents that are received (or are	been notified that it vilo r each current and ful RCLA/RCRA/or other	nture site. er remedial waste origin	nates (or is expected to
WAST =.12. =.13.	Remediation Was Yes (comple Provide a list of sit Waste Origin. De originate in the nex Pollutants. List th known. (Attach ad	ete. Does the treatmer ete F.13 through F.15.) tes and the requested in escribe the site and type at five years).	nt works currently (or has it I) X N Information (F.13 - F.15.) for e of facility at which the CEI Into that are received (or are ssary).	been notified that it vilo r each current and ful RCLA/RCRA/or other	nture site. er remedial waste origin	nates (or is expected to
VAST	Remediation Was Yes (comple Provide a list of sit Waste Origin. De originate in the nex Pollutants. List the known. (Attach ad Waste Treatment a. Is this waste Yes	ete. Does the treatmer ete F.13 through F.15.) tes and the requested in escribe the site and type at five years). The hazardous constitue difficult sheets if neces the treated (or will it be tree	nt works currently (or has it I) X N Information (F.13 - F.15.) for e of facility at which the CEI Into that are received (or are ssary).	been notified that it volo r each current and fur RCLA/RCRA/or other e expected to receive	nture site. er remedial waste origin	nates (or is expected to
WAST =.12. =.13.	Remediation Was Yes (comple Provide a list of sit Waste Origin. De originate in the nex Pollutants. List the known. (Attach ad Waste Treatment a. Is this waste Yes	ete. Does the treatmer ete F.13 through F.15.) tes and the requested in escribe the site and type at five years). The hazardous constitue difficult sheets if neces the treated (or will it be tree	nt works currently (or has it it) X N nformation (F.13 - F.15.) for it is e of facility at which the CEI ents that are received (or are ssary).	been notified that it volo r each current and fur RCLA/RCRA/or other e expected to receive	nture site. er remedial waste origin	nates (or is expected to
WAST F.12. F.13.	Remediation Was Yes (comple Provide a list of sit Waste Origin. De originate in the nex Pollutants. List the known. (Attach ad Waste Treatment a. Is this waste Yes	ete. Does the treatmer ete F.13 through F.15.) tes and the requested in escribe the site and type at five years). The hazardous constitue difficult sheets if neces the treated (or will it be tree	nt works currently (or has it it) X N nformation (F.13 - F.15.) for it is e of facility at which the CEI ents that are received (or are ssary).	been notified that it volo r each current and fur RCLA/RCRA/or other e expected to receive	nture site. er remedial waste origin	nates (or is expected to
	Remediation Was Yes (comple Provide a list of sit Waste Origin. De originate in the nex Pollutants. List the known. (Attach ad Waste Treatment a. Is this waste Yes	ete. Does the treatmer ete F.13 through F.15.) tes and the requested in escribe the site and type at five years). The hazardous constitue difficult sheets if neces the treated (or will it be tree	nt works currently (or has it it) X N nformation (F.13 - F.15.) for it is e of facility at which the CEI ents that are received (or are ssary).	been notified that it volo r each current and fur RCLA/RCRA/or other e expected to receive	nture site. er remedial waste origin	nates (or is expected to
WAST F.12. F.13.	Remediation WasYes (comple Provide a list of sit Waste Origin. De originate in the nex Pollutants. List th known. (Attach ad Waste Treatment a. Is this wasteYes If yes, descri	ete. Does the treatmer ete F.13 through F.15.) tes and the requested in escribe the site and type at five years). The hazardous constitue diditional sheets if neces the treated (or will it be treated to the treatment (provi	nt works currently (or has it I) X N nformation (F.13 - F.15.) for e of facility at which the CEI ents that are received (or are ssary). eated) prior to entering the I vide information about the re-	been notified that it valo r each current and fur RCLA/RCRA/or other e expected to receive treatment works? emoval efficiency):	nture site. er remedial waste origin	nates (or is expected to
WAST F.12. F.13.	Remediation Was Yes (comple Provide a list of sit Waste Origin. De originate in the nex Pollutants. List th known. (Attach ad Waste Treatment. a. Is this waste Yes If yes, descri-	ete. Does the treatmer ete F.13 through F.15.) tes and the requested in escribe the site and type at five years). The hazardous constitue diditional sheets if neces the treated (or will it be treated to the treatment (provi	nt works currently (or has it I) X N Information (F.13 - F.15.) for e of facility at which the CEI Into that are received (or are ssary). eated) prior to entering the invide information about the received information about the received (or are seary).	been notified that it was to be a current and fur reach current and fur RCLA/RCRA/or other expected to receive treatment works?	nture site. er remedial waste origin	nates (or is expected to

FER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM

2A YOU MUST COMPLETE

Western Virginia Water Authority Water Pollution Control Plant;

Western Virginia Water Authority Water Pollution
VA0025020

Form Approved 1/14/99

OMB Number 2040-0086

SUPPLEMENTAL VARPLICATION INFORMATION

	a a		verRCRA, CERCLA ior other remedial wastes must complete F
	IERAL INFORMA		
1.	Pretreatment Prog	am. Does the treatment works have, or is it subject to, an	approved pretreatment program?
	X Yes	No	
2.	-	t Industrial Users (SIUs) and Categorical Industrial Users lischarge to the treatment works.	(CIUs). Provide the number of each of the following types of
	a. Number of n	on-categorical SIUs. 19	
	b. Number of C	Us. <u>22</u>	
GN	JIEICANT INDUS	RIAL USER INFORMATION:	
ppl	ly the following inform		o the treatment works, copy questions F.3 through F.8 and
3.	Significant Industri pages as necessary	I User Information. Provide the name and address of ea	ach SIU discharging to the treatment works. Submit additional
	Name:	Veterans Administration Medical Center	
	Mailing Address:	1970 Roanoke Boulevard	
ı.		1970 Roanoke Boulevard Salem, VA 24153 S. Describe all of the industrial processes that affect or co	ntribute to the SIU's discharge.
	Industrial Processe General Medical an	Salem, VA 24153 5. Describe all of the industrial processes that affect or coll Surgical Hospital for Veterans, Laundry	ntribute to the SIU's discharge. sses and raw materials that affect or contribute to the SIU's
	Industrial Processe General Medical an Principal Product(s	Salem, VA 24153 5. Describe all of the industrial processes that affect or coll Surgical Hospital for Veterans, Laundry	
	Industrial Processe General Medical an Principal Product(s discharge.	Salem, VA 24153 5. Describe all of the industrial processes that affect or coll Surgical Hospital for Veterans, Laundry and Raw Material(s). Describe all of the principal proce	<u> </u>
4 . 5.	Industrial Processe General Medical an Principal Product(s discharge. Principal product(s): Raw material(s):	Salem, VA 24153 s. Describe all of the industrial processes that affect or coll Surgical Hospital for Veterans, Laundry and Raw Material(s). Describe all of the principal proce	<u> </u>
5.	Industrial Processe General Medical an Principal Product(s discharge. Principal product(s): Raw material(s): Flow Rate. a. Process was	Salem, VA 24153 5. Describe all of the industrial processes that affect or coll Surgical Hospital for Veterans, Laundry and Raw Material(s). Describe all of the principal proce	sses and raw materials that affect or contribute to the SIU's
i.	Industrial Processe General Medical an Principal Product(s discharge. Principal product(s): Raw material(s): Flow Rate. a. Process was per day (gpd ~50,000 b. Non-process	Salem, VA 24153 5. Describe all of the industrial processes that affect or coll Surgical Hospital for Veterans, Laundry and Raw Material(s). Describe all of the principal process N/A N/A N/A ewater flow rate. Indicate the average daily volume of process and whether the discharge is continuous or intermittent. gpd (Xcontinuous orintermittent)	sses and raw materials that affect or contribute to the SIU's ocess wastewater discharged into the collection system in gallows of non-process wastewater flow discharged into the collection
i.	Industrial Processe General Medical an Principal Product(s discharge. Principal product(s): Raw material(s): Flow Rate. a. Process was per day (gpd ~50,000 b. Non-process	Salem, VA 24153 5. Describe all of the industrial processes that affect or coll Surgical Hospital for Veterans, Laundry and Raw Material(s). Describe all of the principal process N/A N/A N/A ewater flow rate. Indicate the average daily volume of process and whether the discharge is continuous or intermittent. gpd (Xcontinuous orintermittent) wastewater flow rate. Indicate the average daily volume of process and whether the discharge is continuous orintermittent)	sses and raw materials that affect or contribute to the SIU's ocess wastewater discharged into the collection system in gallows of non-process wastewater flow discharged into the collection
j.	Industrial Processe General Medical an Principal Product(s discharge. Principal product(s): Raw material(s): Flow Rate. a. Process was per day (gpd ~50,000 b. Non-process system in ga ~213,000	Salem, VA 24153 5. Describe all of the industrial processes that affect or coll Surgical Hospital for Veterans, Laundry and Raw Material(s). Describe all of the principal process N/A N/A N/A ewater flow rate. Indicate the average daily volume of process and whether the discharge is continuous or intermittent. gpd (Xcontinuous orintermittent) wastewater flow rate. Indicate the average daily volume of process and whether the discharge is continuous orintermittent)	sses and raw materials that affect or contribute to the SIU's ocess wastewater discharged into the collection system in gallo
5.	Industrial Processe General Medical an Principal Product(s discharge. Principal product(s): Raw material(s): Flow Rate. a. Process was per day (gpd ~50,000 b. Non-process system in ga ~213,000	Salem, VA 24153 5. Describe all of the industrial processes that affect or coll Surgical Hospital for Veterans, Laundry and Raw Material(s). Describe all of the principal proce N/A N/A N/A ewater flow rate. Indicate the average daily volume of procent and whether the discharge is continuous or intermittent. gpd (Xcontinuous orintermittent) wastewater flow rate. Indicate the average daily volume of procent and whether flow rate. Indicate the average daily volume of procent and wastewater flow rate. Indicate the average daily volume of procent and wastewater flow rate. Indicate the average daily volume of procent and wastewater flow rate. Indicate the average daily volume of procent and wastewater flow rate. Indicate the average daily volume of procent and wastewater flow rate. Indicate the average daily volume of procent and wastewater flow rate. Indicate the average daily volume of procent and wastewater flow rate. Indicate the average daily volume of procent and wastewater flow rate. Indicate the average daily volume of procent and wastewater flow rate. Indicate the average daily volume of procent and wastewater flow rate. Indicate the average daily volume of procent and wastewater flow rate. Indicate the average daily volume of procent and wastewater flow rate. Indicate the average daily volume of procent and wastewater flow rate. Indicate the average daily volume of procent and wastewater flow rate. Indicate the average daily volume of procent and wastewater flow rate. Indicate the average daily volume of procent and wastewater flow rate. Indicate the average daily volume of procent and wastewater flow rate. Indicate the average daily volume of procent and wastewater flow rate. Indicate the average daily volume of procent and wastewater flow rate. Indicate the average daily volume of procent and wastewater flow rate. Indicate the average daily volume of procent and wastewater flow rate. Indicate the average daily volume of procent and wastewater flow rate. Indicate the average daily volume of	sses and raw materials that affect or contribute to the SIU's ocess wastewater discharged into the collection system in gallows of non-process wastewater flow discharged into the collection

ı	ITT NAME AND FERMIT NUMBER.	Form Approved 1/14/99
Waste	ern Virginia Water Authority Water Pollution Control Plant; VA0025020	OMB Number 2040-0086
F.8.	Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has upsets, interference) at the treatment works in the past three years?	
	Yes X No If yes, describe each episode.	
RCR/	A HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPEI	LINE:
F.9.	RCRA Waste. Does the treatment works receive or has it in the past three years receive pipe?	ed RCRA hazardous waste by truck, rail, or dedicate
	Yes X No (go to F.12.)	
F.10.	Waste Transport. Method by which RCRA waste is received (check all that apply): Truck Rail Dedicated Pipe	
		
F.11.	Waste Description. Give EPA hazardous waste number and amount (volume or mass,	
l	EPA Hazardous Waste Number Amount	<u>Units</u>
CEDA	N. A. (CUDEDELIND) WASTEWATED, DODA DEMEDIATION/CODDECTIVE AC	TION
	LA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION (SUPERFUND) WASTEWATER:	HON
F.12.	Remediation Waste. Does the treatment works currently (or has it been notified that it w	vill) receive waste from remedial activities?
F.12.	Yes (complete F.13 through F.15.)	
F.12.		
	Yes (complete F.13 through F.15.)	ture site.
	Yes (complete F.13 through F.15.) X No Provide a list of sites and the requested information (F.13 - F.15.) for each current and full	ture site.
	Yes (complete F.13 through F.15.) Provide a list of sites and the requested information (F.13 - F.15.) for each current and fut Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other	ture site.
	Yes (complete F.13 through F.15.) Provide a list of sites and the requested information (F.13 - F.15.) for each current and fut Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other	ture site.
	Yes (complete F.13 through F.15.) Provide a list of sites and the requested information (F.13 - F.15.) for each current and fut Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other	ture site.
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F.13.	Yes (complete F.13 through F.15.) No Provide a list of sites and the requested information (F.13 - F.15.) for each current and fut Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other originate in the next five years). Pollutants. List the hazardous constituents that are received (or are expected to received)	ture site. r remedial waste originates (or is expected to
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F.13. F.14.	Yes (complete F.13 through F.15.) Provide a list of sites and the requested information (F.13 - F.15.) for each current and fut Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other originate in the next five years). Pollutants. List the hazardous constituents that are received (or are expected to receive known. (Attach additional sheets if necessary).	ture site. r remedial waste originates (or is expected to
F.13. F.14.	Yes (complete F.13 through F.15.) Provide a list of sites and the requested information (F.13 - F.15.) for each current and fut Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other originate in the next five years). Pollutants. List the hazardous constituents that are received (or are expected to received known. (Attach additional sheets if necessary). Waste Treatment.	ture site. r remedial waste originates (or is expected to
F.13. F.14.	Yes (complete F.13 through F.15.) Provide a list of sites and the requested information (F.13 - F.15.) for each current and fut Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other originate in the next five years). Pollutants. List the hazardous constituents that are received (or are expected to receive known. (Attach additional sheets if necessary). Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment works?	ture site. r remedial waste originates (or is expected to
F.13. F.14.	Yes (complete F.13 through F.15.) Provide a list of sites and the requested information (F.13 - F.15.) for each current and fut Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other originate in the next five years). Pollutants. List the hazardous constituents that are received (or are expected to receive known. (Attach additional sheets if necessary). Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment works? Yes No	ture site. r remedial waste originates (or is expected to
F.13. F.14.	Yes (complete F.13 through F.15.) Provide a list of sites and the requested information (F.13 - F.15.) for each current and fut Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other originate in the next five years). Pollutants. List the hazardous constituents that are received (or are expected to receive known. (Attach additional sheets if necessary). Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment works? Yes No	ture site. r remedial waste originates (or is expected to
F.13. F.14.	Provide a list of sites and the requested information (F.13 - F.15.) for each current and full Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other originate in the next five years). Pollutants. List the hazardous constituents that are received (or are expected to receive known. (Attach additional sheets if necessary). Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment works? Yes No If yes, describe the treatment (provide information about the removal efficiency):	ture site. r remedial waste originates (or is expected to
F.13. F.14.	Provide a list of sites and the requested information (F.13 - F.15.) for each current and full Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other originate in the next five years). Pollutants. List the hazardous constituents that are received (or are expected to receive known. (Attach additional sheets if necessary). Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment works? Yes No If yes, describe the treatment (provide information about the removal efficiency):	ture site. r remedial waste originates (or is expected to
F.13. F.14.	Provide a list of sites and the requested information (F.13 - F.15.) for each current and full Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other originate in the next five years). Pollutants. List the hazardous constituents that are received (or are expected to receive known. (Attach additional sheets if necessary). Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment works? Yes No If yes, describe the treatment (provide information about the removal efficiency):	ture site. r remedial waste originates (or is expected to
F.13. F.14.	Provide a list of sites and the requested information (F.13 - F.15.) for each current and full Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other originate in the next five years). Pollutants. List the hazardous constituents that are received (or are expected to receive known. (Attach additional sheets if necessary). Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment works? Yes No If yes, describe the treatment (provide information about the removal efficiency):	ture site. r remedial waste originates (or is expected to d). Include data on volume and concentration, if

Form Approved 1/14/99

Western Virginia Water Authority Water Pollution Control Plant;

VA0025020

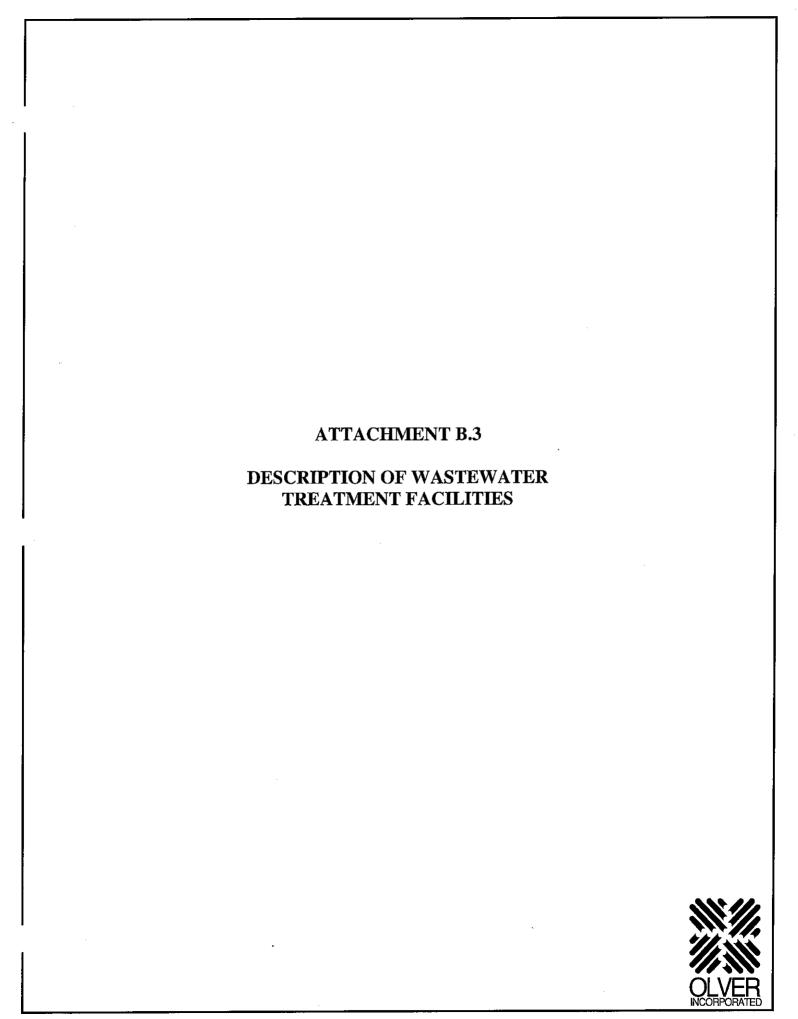
OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

awb:	T. C.		UISERINISCHARGES AND RORWICEROLA WASHES
		works receiving	USER DISCHARGES AND RCRA/CERCLA WASTIES. Idischarges from significant industrial users of which receive RCRA/CERCLA of other remedial wastes must complete Rans
GENI	<u>ERAL</u>	L INFORMATI	TON:
F.1.	Pretr	reatment Progra	am. Does the treatment works have, or is it subject to, an approved pretreatment program?
	х	Yes	No
			NO
F.2.			It Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of discharge to the treatment works.
	a.		on-categorical SIUs19
	b.	Number of CI	<u> </u>
SICN	···EIC/	ANT INDUST	RIAL USER INFORMATION:
Süpply	y the fo	ollowing inform	nation for each SIU. If more than one SIU discharges to the treatment works; copy questions F3 through 5.8 and 🛝
provia	e the iii	nformation requ	uested for each SIU:
F.3.	_	ificant Industria s as necessary.	al User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional
ı	payor	3 28 116060001,	
	Name	e:	Yokohoma Tire Corporation
	- 4 Ma.		
	Maiiin	ng Address:	1500 Indiana Street Salem, VA 24153
			Salem, VA 24153
F.4.	Indus	strial Processes	s. Describe all of the industrial processes that affect or contribute to the SIU's discharge.
	Mixin	ıg, Milling, Cale	endering, Extruding
F.5.	Princ i discha		and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's
	Princi	ipal product(s):	Automobile and Light Truck Tires
	Raw	material(s):	Natural and synethic rubber, process oils, carbon black, miscellaneous chemical additives,
	-		fabric, and steel
F.6.	Flow I	Process waste	tewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons and whether the discharge is continuous or intermittent.
		~82,000	gpd (X continuous or intermittent)
	b.	•	wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection lons per day (gpd) and whether the discharge is continuous or intermittent.
		~18,000	_gpd (<u>X</u> continuous or intermittent)
- <u>-</u>	Town for	· · · · · · · · · · · · · · · · · · ·	The state of the s
	Pretre a.	eatment Standar Local limits	ards. Indicate whether the SIU is subject to the following:X_YesNo
	a. b.		retreatment standards Yes X No
	ь.	oulog ,	Budding Control of the Control of th
	If sub	ject to categorica	al pretreatment standards, which category and subcategory?

				Form Approved 1/14/99
/este	rn Virginia Water Autho	ority Water Pollution	n Control Plant; VA0025020	OMB Number 2040-0086
.8.	Problems at the Treat	tment Works Attribu		the SIU caused or contributed to any problems (e
	YesX_1		es, describe each episode.	
CR/	HAZARDOUS WAS	TE RECEIVED BY	TRUCK, RAIL, OR DEDICATED PIPE	LINE
.9.	RCRA Waste. Does the pipe?	ne treatment works re	eceive or has it in the past three years receive	ed RCRA hazardous waste by truck, rail, or dedica
	Yes	X No (go to F.1	12.)	
10.	Waste Transport. Met	thod by which RCRA	waste is received (check all that apply):	
	Truck	Rail	Dedicated Pipe	
11.	Waste Description. G	live EPA hazardous v	waste number and amount (volume or mass,	specify units).
	EPA Hazardous Waste	Number	<u>Amount</u>	<u>Units</u>
ERC	LA (SUPERFUND) W	ASTEWATER, RO	RA REMEDIATION/CORRECTIVE AC	TION
			CTIVITY WASTEWATER:	
12.	Remediation Waste. [Doos the traciment w		
• •		DOGS IIIG II GAUIIGIII W	orks currently (or has it been notified that it v	vill) receive waste from remedial activities?
		.13 through F.15.)	orks currently (or has it been notified that it w	vill) receive waste from remedial activities?
	Yes (complete F.	.13 through F.15.)		
10	Yes (complete F. Provide a list of sites an	.13 through F.15.) nd the requested info	X No rmation (F.13 - F.15.) for each current and fu	ture site.
13.	Yes (complete F. Provide a list of sites an	.13 through F.15.) and the requested info	X No rmation (F.13 - F.15.) for each current and fu	
13.	Yes (complete F. Provide a list of sites an Waste Origin. Describ	.13 through F.15.) and the requested info	X No rmation (F.13 - F.15.) for each current and fu	ture site.
13.	Yes (complete F. Provide a list of sites an Waste Origin. Describ	.13 through F.15.) and the requested info	X No rmation (F.13 - F.15.) for each current and fu	ture site.
13.	Yes (complete F. Provide a list of sites an Waste Origin. Describ	.13 through F.15.) and the requested info	X No rmation (F.13 - F.15.) for each current and fu	ture site.
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14.	Yes (complete F. Provide a list of sites an Waste Origin. Describ originate in the next five Pollutants. List the hazknown. (Attach addition Waste Treatment. a. Is this waste treatment.	.13 through F.15.) and the requested information of the site and type of expears). zardous constituents and sheets if necessar	X No rmation (F.13 - F.15.) for each current and fu f facility at which the CERCLA/RCRA/or othe that are received (or are expected to receive	ture site. r remedial waste originates (or is expected to
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14.	Yes (complete F. Provide a list of sites an Waste Origin. Describ originate in the next five Pollutants. List the hazknown. (Attach addition Waste Treatment. a. Is this waste treat Yes	.13 through F.15.) and the requested information of the site and type of eyears). zardous constituents and sheets if necessarial sheets if necessarial sheets.	X No rmation (F.13 - F.15.) for each current and fu f facility at which the CERCLA/RCRA/or othe that are received (or are expected to receive ry). ed) prior to entering the treatment works?	ture site. r remedial waste originates (or is expected to
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2A YOU MUST COMPLETE



WESTERN VIRGINIA WATER AUTHORITY VPDES PERMIT VA0025020 FORM 2A ATTACHMENT B.3 Description of Wastewater Treatment Facilities

TREATMENT PROCESS OVERVIEW

Preliminary wastewater treatment facilities consist of screening and grit removal. Primary treatment facilities consist of nine (9) rectangular primary settling tanks with chain and flight sludge and scum collection and a sludge and scum pumping station. Secondary treatment facilities include sixteen (16) aeration basins and 18 secondary clarifiers, and return sludge and waste sludge pumping stations. The tertiary treatment system includes a rapid mix tank for chemical addition, four (4) flocculation basins, four (4) coagulation settling basins, and ten (10) effluent filters. The disinfection facilities include a liquid chlorination system, chlorine contact tanks, post aeration, and dechlorination. The plant discharges treated effluent to the Roanoke River under VPDES Permit No. VA 0025020.

PRELIMINARY TREATMENT

Screens and Grit Removal

Flow from the Roanoke River Interceptor and the Tinker Creek Interceptor flow into the influent pump station after the addition of ferric chloride. It is then channeled into the screenings channels and divided between three (3) grit chambers (No. 1-3). High wet weather flows in excess of influent pump station capacity maybe discharged to the EQ basin for storage. Flow beyond EQ basin storage capacity is discharged through Outfall 003. Discharge through Outfall 010 (influent pump station bypass) would only occur during a complete plant shut down; this is expected to occur only during a catastrophic flood event and would be implemented to prevent damage to property and danger to life in the collection system.

PRIMARY TREATMENT

There are nine (9) rectangular primary clarifier basins; flow from each of the three grit chambers can be channeled to primary clarifiers Nos. 1-3, Nos. 4-6 or Nos. 7-9. Primary clarifiers separate the heavier organic suspended and inert solids from the flow stream. Chain and flight-type collector mechanisms convey settled organic matter to the sludge hopper for removal.

SECONDARY TREATMENT

Secondary treatment facilities include activated sludge aeration basins, clarifiers, and return activated sludge/waste activated sludge (RAS/WAS) pumping systems.

Activated Sludge:

The existing biological treatment process is a single-stage activated sludge system. The process is primarily for the purpose of carbonaceous (BOD) removal. It is then distributed between sixteen (16) single-pass, plug-flow activated sludge basins with Sanitaire® disk aeration diffusers for dissolved organics (BOD) removal. For the most part, primary effluent from Primary Clarifiers 1-3 flows to Aeration Basins 1-6; primary effluent from Primary Clarifiers 4-6 flows to Aeration Basins 7-10; and primary effluent from Primary Clarifiers 7-9 flows to Aeration Basins 11-16. There is a pipe connection that attempts to distribute these flows, but the flow isolation



described above is largely maintained. In addition, Aeration Basins 5 and 6 generally send effluent to Final Stage Clarifiers 5 and 6, as pipe interconnections do not equally mix and distribute flow to the clarifiers. Return sludge is introduced at the head of the basins from a main header through valves with individual flow meters.

Secondary Clarifiers:

There are sixteen (16) square secondary clarifiers with circular collection mechanisms and two (2) circular secondary clarifiers. Mixed liquor from the activated sludge basins is distributed to the clarifiers from a central channel with sluice gates. Return sludge from Clarifiers 11-16 flows through a telescoping valve into a suction line common to groups of clarifiers while the return sludge from the remaining clarifiers is pumped to the aeration basins. While the system is designed for flexibility for transferring mixed liquor and return sludge to amongst several aeration basins and clarifiers, it is typically operated a three train system. Return sludge from Clarifiers 1-6 is pumped separately to Aeration Basins 1-6; return sludge from Clarifiers 7-10 are pumped to Aeration Basins 1-6; return sludge from Clarifiers 11-16 is conveyed to Aeration Basins 11-16, and return sludge from Clarifiers 17 and 18 is pumped to Aeration Basins 7-10. Secondary clarifiers 1-10 have individual return sludge pumps located at each tank. The return sludge pumps for secondary clarifiers 11-16 are located in the Train C pump house and return sludge pumps for secondary clarifiers 17 and 18 are located at the RAS Pump Station B.

TERTIARY TREATMENT

Tertiary treatment consists of chemical addition, flocculation, coagulation/settling, filtration, and disinfection. Each of these is discussed below.

Flocculation/Coagulation:

Clarified wastewater from the secondary clarifiers normally flows to a pretreatment system prior to effluent filtration. The pretreatment system consists of two rapid mix tanks (where ferric chloride and polymer are added to precipitate additional phosphorus), four flocculation tanks with vertical mixers and four square coagulation settling basins. The coagulation basins have circular collection mechanisms. Sludge is collected through telescoping valves and can be pumped to either the gravity thickeners or dissolved air flotation thickeners (DAF).

Effluent Filters:

There are ten (10) mono-media effluent sand filters. All of the filters have an air scour backwash system.

Disinfection:

Tertiary effluent is disinfected with liquid sodium hypochlorite in two parallel chlorine contact tanks. The disinfected effluent undergoes diffused aeration and is then dechlorinated using sodium bisulfite prior to discharger to the Roanoke River.



SOLIDS HANDLING

Solids produced by wastewater treatment processes include:

- Screenings/grit
- Primary sludge and scum
- Waste activated sludge
- Coagulation sludge and scum
- BAF and effluent filter backwash solids

In general, solids removed from the wastewater treatment processes are first thickened, then stabilized, and then stored in sludge lagoons prior to being land applied. Specific solids handling facilities are described below and are shown in the Process Flow Diagram-Solids Handling.

Thickening:

Gravity Thickening-Primary sludge collected in primary clarifier sludge hoppers flows to the primary sludge pumping stations wetwell/pump suction. Eight primary sludge pumps are available to convey these solids to two (2) gravity thickeners. Thickeners can be operated in a batch mode with solids pumped individually to either thickener, or continuously in parallel to both thickeners. Coagulated sludge can also be thickened in the gravity thickeners along with primary sludge. Thickened sludge is collected and scraped to the sludge hopper, then pumped to the anaerobic digesters. Thickened sludge pumps are located in a building adjacent to the gravity thickeners. Thickener overflow is returned to the Tinker Creek Interceptor and back to the head of the plant.

Dissolved Air Floatation Thickening-A portion of the solids removed from secondary clarifiers as waste activated sludge are pumped from the return sludge header to the blend tank and then to the DAFs. Coagulated sludge can be discharged to, and thickened in, the DAFs. Thickened sludge and settled solids are removed from the DAFs and pumped to the anaerobic digesters. Subnatant can be used to supply water to the AEP pumps or is returned to the Tinker Creek Interceptor and to the head of the plant.

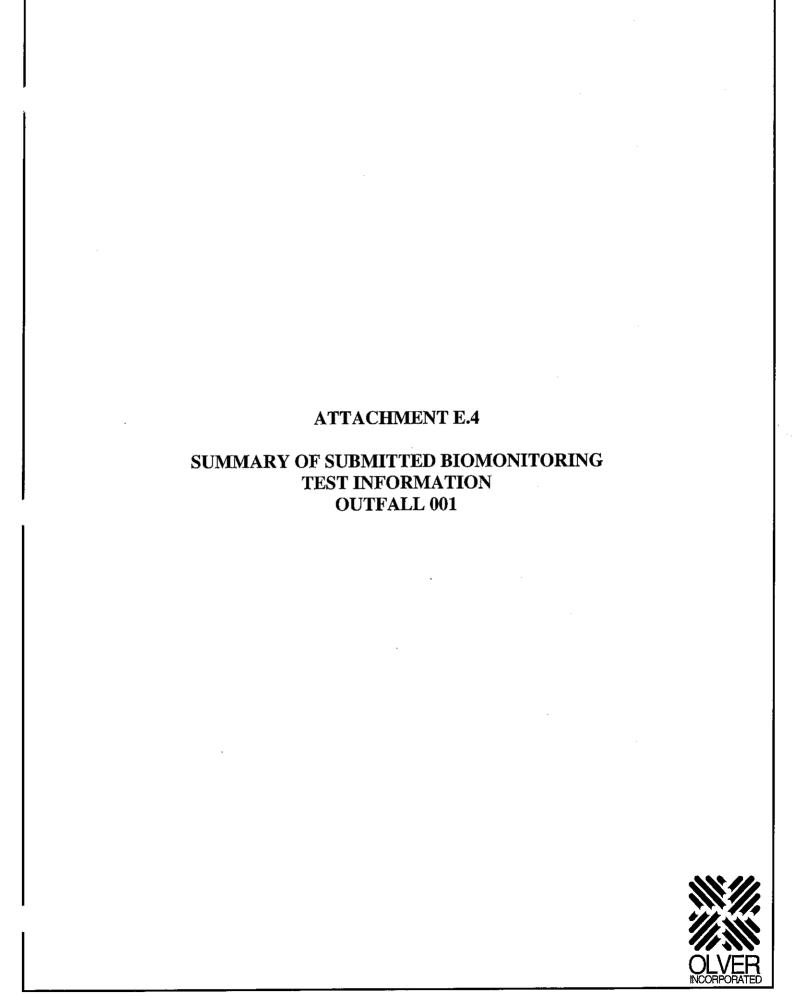
Stabilization:

Thickened solids are stabilized in the anaerobic digestion process to produce a Class "B" biosolids in accordance with 40 CFR Part 503 regulations. There are seven (7) primary sludge digesters, three (3) secondary digesters, and associated pumps, piping, mixing, and heating equipment.

Storage and Disposal:

Digested biosolids are removed from the secondary digesters and pumped to one of five (5) storage lagoons. When conditions are suitable, solids are removed from the lagoons and hauled to and applied on farmland permitted for beneficial reuse. The Western Virginia Water Authority contracts services for removing, hauling and applying biosolids to farmland with private contractors.





Western Virginia Water Authority Water Pollution Control Plant VA0025020

E.4. Summary of Submitted Biomonitoring Test Information Outfall 001

Event	Dates	Vertebrate	Invertebrate	LC ₅₀ (%)	NOEC (%)	Survival in 100%
Ei . O	0/0/04 0/44/04		Γ	400	1	4000/
First Quarterly	6/9/04 - 6/11/04	X		> 100		100%
	6/9/04 - 6/11/04		Х	> 100	100	100%
	6/7/04 - 6/14/04	Х	.,	> 100	100	100%
	6/7/04 - 6/14/04		Х	> 100	100	100%
Second Quarterly	10/20/04 - 10/22/04	Х		> 100		95%
	10/20/04 - 10/22/04		Х	> 100		100%
	10/19/04 - 10/26/04	Х		> 100	100	98%
	10/19/04 - 10/26/04		X	> 100	100	100%
Third Quarterly	12/15/04 - 12/17/04	Х		> 100		100%
Tilla Gaarterly	12/15/04 - 12/17/04	^_	Х	> 100		100%
	12/13/04 - 12/20/04	X		> 100	100	100%
	12/13/04 - 12/20/04	,	Х	> 100	100	100%
F	04005 04005	- · · · · · · · · · · · · · · · · · · ·		100		1000/
Fourth Quarterly	2/16/05 - 2/18/05	X		> 100		100%
	2/16/05 - 2/18/05	Х	Х	> 100	100	100% 98%
	2/14/05 - 2/21/05 2/14/05 - 2/21/05	^	${x}$	> 100 > 100	100	100%
	2/14/05 - 2/21/05		^	> 100	100	100%
First Annual	11/01/05 - 11/08/05	Х		> 100	100	100%
	11/02/05 - 11/04/05		Х	>100		100%
Second Annual	6/20/06 - 6/27/06	х	J	> 100	100	92.5%
000011071171000	6/22/06 - 6/24/06		×	> 100	100	92.5%
					·	,
Third Annual	6/5/07 -6/12/07	Х		> 100	100	92.5%
	6/6/07 -6/8/07		X	> 100	1	
First Quarterly	5/6/08 -5/8/08	Х		> 100		100%
	5/6/08 -5/8/08		Х	> 100		90%
 	5/5/08 - 5/12/08	Х		> 100	100	100%
ļ	5/6/08 - 5/13/08		X	> 100	100	90%

⁽¹⁾ Based on the VPDES permit modification date of May 24, 2006